

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737773

(2)

1. Corporation Name

BAND BOOSTERS INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 571
P.O. BOX 571
BOCA RATON FL 33429

P.O. BOX 571
P.O. BOX 571
BOCA RATON FL 33429



3. Date Incorporated or Qualified
01/10/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, STEPHEN
3853 NW 3RD AVE
BOCA RATON FL 33431

81 Name **ROSE GRAHAM**

82 Street Address (P.O. Box Number is Not Acceptable)
7516 Andorra Place

83

84 City **Boca Raton**

FL

85 Zip Code
33433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Rose Graham

Rose Graham

4/24/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **CHAPMAN, STEPHEN**
STREET ADDRESS **3853 NW 3 AVE**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Rose Graham**
1.3 STREET ADDRESS **7516 Andorra Pl**
1.4 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **D** ☒ DELETE
NAME **BALME, MICHAEL**
STREET ADDRESS **556 NW 16TH COURT**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Beth Bloch**
2.3 STREET ADDRESS **6268 Via Palladium**
2.4 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **D** ☒ DELETE
NAME **RUSSELL, STEVEN**
STREET ADDRESS **799 HAVANA DR**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Regina Corwin**
3.3 STREET ADDRESS **1498 SW 2nd St**
3.4 CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Regina Corwin

Regina Corwin

4/24/96

407-392-0845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)