FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754571** **(8)**

1. Corporation Name
HOOVER JUNIOR HIGH SCHOOL BAND BOOSTER CLUB, INC ORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2000 HAWK HAVEN DR INDIALANTIC FL 32903 US	2000 HAWK HAVE DR INDIALANTIC FL 32903 US

3. Date Incorporated or Qualified: **10/10/1980**
3a. Date of Last Report: **02/22/1994**
4. FEI Number: **59-2909358** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLEENOR,DAVID
2000 HAWK HAVEN DR
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☑ Change ☐ Addition
NAME	ALBRECHT, PEGGY	1.2 NAME	Kathleen Potter	
STREET ADDRESS	490 ORIDE LN	1.3 STREET ADDRESS	502 N. Sonora Circle	
CITY-ST-ZIP	INDIALANTIC FL 32903	1.4 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	PD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	WOLSKE, PAMELA	2.2 NAME	Holly Fay	
STREET ADDRESS	230 MAPLE DR	2.3 STREET ADDRESS	373 Amberjack Pl.	
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	D	3.1 TITLE	VPD	☑ Change ☐ Addition
NAME	HARRIS, ELLA C	3.2 NAME	Judi Kerr	
STREET ADDRESS	140-B S LAUREL	3.3 STREET ADDRESS	323 Marlin Pl.	
CITY-ST-ZIP	SATELLITE BCH FL	3.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FLEENOR, DAVID	4.2 NAME		
STREET ADDRESS	141 CORAL WAY E	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: David L Fleenor David L Fleenor 4-25-95 407/727-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036367