

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754571 (8)

1. Corporation Name

HOOVER JUNIOR HIGH SCHOOL BAND BOOSTER CLUB, INC
INCORPORATED

Principal Place of Business

Mailing Address

2000 HAWK HAVEN DR
INDIALANTIC FL 32903
US2000 HAWK HAVE DR
INDIALANTIC FL 32903-2952
US3. Date Incorporated or Qualified
10/10/19803a. Date of Last Report
05/01/1996

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

4. FEI Number
59-2909358Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEENOR, DAVID
2000 HAWK HAVEN DR
INDIALANTIC FL 32903

81 Name

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

83

84 City

FL

85 Zip Code

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

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	POTTER, KATHLEEN	
STREET ADDRESS	502 N. SONORA CIRCLE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAY, HOLLY	
STREET ADDRESS	373 AMBERJACK PL.	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KERR, JUDI	
STREET ADDRESS	323 MARLIN PL.	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEENOR, DAVID	
STREET ADDRESS	141 CORAL WAY E	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mason, Carolyn	
1.3 STREET ADDRESS	411 Mosswood Blvd.	
1.4 CITY-ST-ZIP	Indialantic, FL 32903	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sharaf-Eldeen, Pari	
2.3 STREET ADDRESS	570 Bahama Dr.	
2.4 CITY-ST-ZIP	Indialantic, FL 32903	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Helseth, Libby	
3.3 STREET ADDRESS	155 Duval St.	
3.4 CITY-ST-ZIP	Melbourne Bch, FL 32951	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CAROLYN T. MASON
Date: 1/27/97 407-729-4291
Daytime Phone # 0018605

CR2E037 (9/96)