
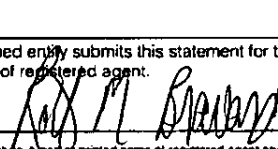



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90658 026 \*\*\*\*61.25

<b>DOCUMENT # 767303</b> 1. Entity Name <b>CAPE CORAL HIGH SCHOOL BAND BOOSTERS, INC.</b>					
Principal Place of Business <b>CAPE CORAL HIGH SCHOOL 2300 SANTA BARBARA BLVD. CAPE CORAL FL 33991 US</b>				Mailing Address <b>CAPE CORAL HIGH SCHOOL CAPE CORAL FL 33991 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2293305</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CROUCH, KIMBERLY A 2213 SW 3RD PLACE CAPE CORAL FL 33991</b>				7. Name and Address of New Registered Agent Name <b>Bravard, Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>130 SW 52nd St</b> City <b>Cape Coral</b> FL Zip Code <b>33914</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE <b>4/22/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS:			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD HILL, LONNIE 2300 SANTA BARBARA BLVD. CAPE CORAL FL 33990</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Swearin, Jeremy 8300 Santa Barbara Blvd Cape Coral, FL 33990</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CROUCH, KIMBERLY A 2213 SW 3RD PLACE CAPE CORAL FL 33991</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRANDED, ROBERT 130 SW 52nd St. Cape Coral, FL 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SAPP, CATHERINE 613 PONDELLA ROAD NO. FORT MYERS FL 33905</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PICHARDO, AWILDA R 4713 SE 4TH PLACE, APT. A CAPE CORAL FL 33904</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gayla Thompson 1506 NE 2nd St Cape Coral, FL 33909</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			<b>3/10/04</b> <b>772-9222</b> <small>Date Daytime Phone #</small>		