

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90032 028 ****61.25

DOCUMENT # 767303					
1. Entity Name CAPE CORAL HIGH SCHOOL BAND BOOSTERS, INC.					
Principal Place of Business CAPE CORAL HIGH SCHOOL 2300 SANTA BARBARA BLVD. CAPE CORAL, FL 33991 US			Mailing Address CAPE CORAL HIGH SCHOOL CAPE CORAL, FL 33991 US		
2. Principal Place of Business		3. Mailing Address		40011624 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2293305	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVARD, ROBERT 130 SW 52ND COURT CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name: <u>same</u> Street Address (P.O. Box Number, Not Applicable): <u>1931 SW 12th Place</u> <u>Cape Coral</u> City: <u>Cape Coral</u> FL Zip Code: <u>33991</u>		
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: <u>[Signature]</u> DATE: <u>1/31/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD SWEARIN, JEREMY 2300 SANTA BARBARA BLVD. CAPE CORAL, FL 33990	<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	PD BRAVARD, ROBERT 130 SW 52ND ST CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1931 SW 12th Place</u> <u>Cape Coral, FL 33991</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAPP, CATHERINE 613 PONDELLA ROAD NO. FORT MYERS, FL 33905	<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	T THOMPSON, GAYLA 1506 AVE 2ND ST CAPE CORAL, FL 33909	<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
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 an other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>1/31/05</u> <u>972-9222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					