

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000008362

1. Entity Name
GULF MIDDLE SCHOOL BAND BOOSTERS, INC.



Principal Place of Business
**1809 SW 36TH TERRACE
CAPE CORAL, FL 33914**

Mailing Address
**1809 SW 36TH TERRACE
CAPE CORAL, FL 33914**



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1070940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRAVARD, ROBERT
130 SW 52ND ST
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000147543
05/03/04-80110-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRAVARD, BOB
STREET ADDRESS	130 SW 52ND STREET
CITY - ST - ZIP	CAPE CORAL, FL 33914

TITLE	TD
NAME	BRAVARD, ANNE
STREET ADDRESS	130 SW 52ND ST
CITY - ST - ZIP	CAPE CORAL, FL 33914

TITLE	TD
NAME	MILLER, MARY
STREET ADDRESS	2907 SE 5TH CT
CITY - ST - ZIP	CAPE CORAL, FL 33904

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

ROBERT M. BRAVARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04
Date

239-574-3113
Daytime Phone #