


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90404 018 \*\*\*\*70.00

<b>DOCUMENT # N02000007069</b>	
1. Entity Name NORTHVIEW HIGH SCHOOL BAND BOOSTER CLUB, INC.	

Principal Place of Business 4100 WEST HIGHWAY 4 BRATT, FL 32535	Mailing Address 4100 WEST HIGHWAY 4 BRATT, FL 32535
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
02-0668405

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BUCK, TOM  
4100 WEST HIGHWAY 4  
BRATT, FL 32535

## 7. Name and Address of New Registered Agent

Name Tucker, Charles  
Street Address (P.O. Box Number is Not Acceptable)  
3935 Bayou Blvd  
City Pensacola FL Zip Code 32503

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 Charles H. Tucker

Charles H. Tucker

28 April 2004

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**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CONDREY, SUSAN	
STREET ADDRESS	7145 CIRCLE RD	
CITY-ST-ZIP	WALNUT HILL, FL 32568	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COON, SHEILA	
STREET ADDRESS	PO BOX 22	
CITY-ST-ZIP	WALNUT HILL, FL 32568	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DAWN	
STREET ADDRESS	80 HWY 164	
CITY-ST-ZIP	MC DAVID, FL 32568	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	GARRISON, DONNA	
STREET ADDRESS	4580 WHITEASH RD	
CITY-ST-ZIP	MOLINO, FL 32577	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BLOODSWORTH, SHERRELL	
STREET ADDRESS	2930 WEST HIGHWAY 4	
CITY-ST-ZIP	CENTURY, FL 32535	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCK, TOM	
STREET ADDRESS	2398 TUTTLE LANE	
CITY-ST-ZIP	CANTONMENT, FL 32533	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Condrey, Susan	
STREET ADDRESS	7145 Circle Rd	
CITY-ST-ZIP	Walnut Hill, FL 32568	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Halteman, Norma	
STREET ADDRESS	5251 Highway 164	
CITY-ST-ZIP	McDavid, FL 32568	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda Carter, Brenda	
STREET ADDRESS	7881 Sunshine Hill Rd	
CITY-ST-ZIP	Molino, FL 32577	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garrison, Donna	
STREET ADDRESS	4580 White Ash Rd	
CITY-ST-ZIP	Molino, FL 32577	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fillingim, Lynn	
STREET ADDRESS	3133 Keck Road	
CITY-ST-ZIP	Molino, FL 32577	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tucker, Charles	
STREET ADDRESS	3935 Bayou Blvd	
CITY-ST-ZIP	Pensacola, FL 32503	

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: Donna Garrison Donna Garrison 4-27-04 850-438-1448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #