

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90012 004 \*\*\*\*61.25

**DOCUMENT # N02000007683**

**1. Entity Name**  
SPACE COAST JR/SR HIGH SCHOOL BAND BOOSTER  
CLUB INC.



**Principal Place of Business**  
6150 BANYAN STREET  
COCOA, FL 32927

**Mailing Address**  
5155 CARTER STREET  
COCOA, FL 32927

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-NP

CR2E037 (10/03)

**4. FEI Number**  
51-0430769

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MORTIMORE, CAMILLE -  
5155 CARTER STREET  
COCOA, FL 32927

Name

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

City

**FL**

Zip Code

**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

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

**10. OFFICERS AND DIRECTORS**

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

**TITLE** P ☒ Delete  
**NAME** HARMON, BONNIE  
**STREET ADDRESS** 5224 MARAVOSS STREET  
**CITY-ST-ZIP** COCOA, FL 32927

**TITLE** President ☒ Change ☐ Addition  
**NAME** Mortimore, Camille  
**STREET ADDRESS** 5155 Carter Street  
**CITY-ST-ZIP** Cocoa, FL 32927

**TITLE** VP ☐ Delete  
**NAME** DEWOLF, HEIKA  
**STREET ADDRESS** 235 CAPRON ROAD  
**CITY-ST-ZIP** COCOA, FL 32927

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** T ☐ Delete  
**NAME** HALM, KELLY  
**STREET ADDRESS** 6183 BALSAM STREET  
**CITY-ST-ZIP** COCOA, FL 32927

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ST ☒ Delete  
**NAME** MORTIMORE, CAMILLE  
**STREET ADDRESS** 5155 CARTER STREET  
**CITY-ST-ZIP** COCOA, FL 32927

**TITLE** Secretary ☒ Change ☐ Addition  
**NAME** Harmon, Bonnie  
**STREET ADDRESS** 5224 Maravoss Street  
**CITY-ST-ZIP** Cocoa, FL 32927

**TITLE** D ☐ Delete  
**NAME** LOWE, PATRICIA  
**STREET ADDRESS** 6150 BANYON STREET  
**CITY-ST-ZIP** COCOA, FL 32927

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** Camille Mortimore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 321-631-5750  
Date Daytime Phone #