


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90221 002 \*\*\*\*70.00

<b>DOCUMENT #</b> N02000007683	
<b>1. Entity Name</b> SPACE COAST JR/SR HIGH SCHOOL BAND BOOSTER CLUB INC.	

<b>Principal Place of Business</b> 6150 BANYAN STREET COCOA, FL 32927	<b>Mailing Address</b> 5155 CARTER STREET COCOA, FL 32927
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**50052149**



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 6393 Depot Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05012005 Chg-NP CR2E037 (10/03)

<b>City &amp; State</b>	<b>City &amp; State</b> Cocoa FL
<b>Zip</b>	<b>Country</b> USA
	<b>Zip</b> 32927

**4. FEI Number**  
51-0430769

**Applied For**  
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>  MORTIMORE, CAMILLE 5155 CARTER STREET COCOA, FL 32927
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<b>7. Name and Address of New Registered Agent</b>  Name <u>Frances A. Walsh</u> Street Address (P.O. Box Number is Not Acceptable) <u>6393 Depot Ave.</u> City <u>Cocoa</u> <b>FL</b> <b>Zip Code</b> <u>32927</u>
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**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** Frances A. Walsh

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 September 7, 2005**

**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	
<b>TITLE</b>	<b>P</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	MORTIMORE, CAMILLE
<b>STREET ADDRESS</b>	5155 CARTER STREET
<b>CITY-ST-ZIP</b>	COCOA, FL 32927
<b>TITLE</b>	<b>VP</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	DEWOLF, HEIKA
<b>STREET ADDRESS</b>	235 CAPRON ROAD
<b>CITY-ST-ZIP</b>	COCOA, FL 32927
<b>TITLE</b>	<b>T</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	HALM, KELLY
<b>STREET ADDRESS</b>	6183 BALSAM STREET
<b>CITY-ST-ZIP</b>	COCOA, FL 32927
<b>TITLE</b>	<b>S</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	HARMON, BONNIE
<b>STREET ADDRESS</b>	5224 MARAVOSS STREET
<b>CITY-ST-ZIP</b>	COCOA, FL 32927
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	LOWE, PATRICIA
<b>STREET ADDRESS</b>	6150 BANYON STREET
<b>CITY-ST-ZIP</b>	COCOA, FL 32927
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Frances A. Walsh
<b>STREET ADDRESS</b>	6393 Depot Ave.
<b>CITY-ST-ZIP</b>	Cocoa, FL 32927
<b>TITLE</b>	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	George M. Cole Jr.
<b>STREET ADDRESS</b>	970 Daytona St.
<b>CITY-ST-ZIP</b>	Cocoa FL 32927
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Barbara Walsh
<b>STREET ADDRESS</b>	5181 Bridge Rd.
<b>CITY-ST-ZIP</b>	Cocoa, FL 32927
<b>TITLE</b>	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Cheryl Thorn
<b>STREET ADDRESS</b>	6545 Orchid Ave.
<b>CITY-ST-ZIP</b>	Cocoa, FL 32927
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Lee Thompson Sr.
<b>STREET ADDRESS</b>	4331 Caper Ct.
<b>CITY-ST-ZIP</b>	Titusville, FL 32796
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Frances A. Walsh Frances A. Walsh 5/2/05 321-639-1731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #