


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N16941** (9)

1. Corporation Name

RANSOM BAND BOOSTERS, INC.

Principal Place of Business

10001 KINGSFIELD RD
CANTONMENT FL 32533
US

Mailing Address

PO BOX 777
CANTONMENT FL 32533-0777
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1986		3a. Date of Last Report 02/09/1996	
21 10001 Kingsfield		26		4. FEI Number 59-2962029		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FILLINGIM, LINDA
710 MONROE AVENUE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name	OZEMBA, KAREN
82 Street Address (P.O. Box Number is Not Acceptable)	516 Turnberry Road
83	
84 City	Cantonment
85 Zip Code	FL 32533

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Karen H. Ozemba*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLINGIM, LINDA	1.2 NAME	OZEMBA, KAREN
STREET ADDRESS	710 MONROE AVENUE	1.3 STREET ADDRESS	516 Turnberry Road
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEY, JACQUE	2.2 NAME	MORGAN, TINA
STREET ADDRESS	970 PINOAK LANE	2.3 STREET ADDRESS	417 W. Kingsfield Rd.
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAYTON, BILL	3.2 NAME	GRIFFIS, Robin
STREET ADDRESS	1401 TEMPLEMORE DRIVE	3.3 STREET ADDRESS	882 Ridgeway Dr.
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	Pensacola FL 32514
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen H. Ozemba* **REQUIRED** 1-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073336

CR2E037 (9/96)