


FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90002 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16941					
1. Corporation Name RANSOM BAND BOOSTERS, INC.					
Principal Place of Business 10001 KINGFIELD RD CANTONMENT FL 32533 US			Mailing Address PO BOX 777 CANTONMENT FL 32533 US		

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2. Principal Place of Business 21 10001 Kingsfield Rd		2a. Mailing Address 26 1001 Kingsfield Road		3. Date Incorporated or Qualified 09/12/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2962029	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		27		29	
9. Name and Address of Current Registered Agent OZEMBA, KAREN 516 TURNBERRY ROAD CANTONMENT FL 32533			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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

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

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OZEMBA, KAREN	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	516 TURNBERRY ROAD	1.2 NAME	Lavonda Harrison
STREET ADDRESS	CANTONMENT FL	1.3 STREET ADDRESS	1234 Santa Rosa Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	VD PAULEY, JAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1050 URBAN DR	2.2 NAME	
STREET ADDRESS	CANTONMENT FL 32533	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV WARD, ALICE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2524 HWY 297A	3.2 NAME	
STREET ADDRESS	CANTONMENT FL 32533	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

850 968-9113

Date

Daytime Phone

CR2E037 (1/98)