FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22585 (6)

1. Corporation Name
WESTWOOD WARRIOR BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
3520 AVENUE J NW WINTER HAVEN FL 33881-2273	3520 AVENUE J NW WINTER HAVEN FL 33881-2273

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2841548 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KINDELAN, KEVIN M
4622 REYNOSA DR
WINTER HAVEN FL 33880

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	KINDELAN, KEVIN M	1.2 NAME	ROBERTSON, KENNETH
STREET ADDRESS	4622 REYNOSA DR	1.3 STREET ADDRESS	2802 JAN-MUR DR
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	AUBURNDALE, FL. 33823
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BEUTEL, CHARLES	2.2 NAME	
STREET ADDRESS	1108 VONCILE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	HOCKADAY, DONNA	3.2 NAME	HAVLIK, ARLENE
STREET ADDRESS	320 26TH ST SW	3.3 STREET ADDRESS	34 FLAMINGO BLVD.
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33880
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	HURT, MICKIE	4.2 NAME	MARTIN, ROZITA D.
STREET ADDRESS	136 HOMEWOOD DR	4.3 STREET ADDRESS	1521 KENWOOD AVE. S.W.
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33880
TITLE	VD	5.1 TITLE	VD ☒ Change ☐ Addition
NAME	ROBERTSON, KENNETH	5.2 NAME	BLANCHFIELD, BARBARA
STREET ADDRESS	2802 JAN-MUR DR	5.3 STREET ADDRESS	2594 THORNHILL RD.
CITY-ST-ZIP	AUBURNDALE FL	5.4 CITY-ST-ZIP	AUBURNDALE, FL. 33823
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Rozita D. Martin ROZITA D. MARTIN 2/22/95 2944807
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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