

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N22585 (6)

1. Corporation Name

WESTWOOD WARRIOR BAND BOOSTERS, INC.

Principal Place of Business

**3520 AVENUE J NW
WINTER HAVEN FL 33881-2273**

Mailing Address

**3520 AVENUE J NW
WINTER HAVEN FL 33881-2273**

FILED

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

3. Date Incorporated or Qualified 09/11/1987	3a. Date of Last Report 03/01/1995
4. FEI Number 59-2841548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**KINDELAN, KEVIN M
4612 REYNOSA DR
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name LINDA MERONI	85 Zip Code 33880
82 Street Address (P.O. Box Number is Not Acceptable) 4208 Shadowwood Dr.	
83 City WINTER HAVEN	
84 State FL	

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 *Sandra Mortham* DATE **08-29-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ROBERTSON, KENNETH
STREET ADDRESS	2802 JAN-MUR DR
CITY-ST-ZIP	AUBURNDAL FL
TITLE	D
NAME	BEUTEL, CHARLES
STREET ADDRESS	1108 VONCILE
CITY-ST-ZIP	LAKE WALES FL
TITLE	SD
NAME	HAVLIK, ARLENE
STREET ADDRESS	34 FLAMINGO BLVD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	TD
NAME	MARTIN, ROZITA D.
STREET ADDRESS	1521 KENWOOD AVE SW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VD
NAME	BLANCHFIELD, BARBARA
STREET ADDRESS	2594 THORNHILL RD
CITY-ST-ZIP	AUBURNDAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRESIDENT D
12 NAME	ARTHENE TODOROVIC
13 STREET ADDRESS	2712 AVE J. N.W.
14 CITY-ST-ZIP	WINTER, HAVEN FL. 33880
21 TITLE	
22 NAME	
23 STREET ADDRESS	8000001963128
24 CITY-ST-ZIP	-10/02/96--01070--008
31 TITLE	VICE PRESIDENT / Sec. D
32 NAME	Bonnie Feagle
33 STREET ADDRESS	71 POWELL Rd.
34 CITY-ST-ZIP	WINTER, HAVEN, FL. 33880
41 TITLE	TRES. D
42 NAME	Linda meroni
43 STREET ADDRESS	4208 Shadowwood Dr.
44 CITY-ST-ZIP	WINTER, HAVEN FL. 33880
51 TITLE	O/P PRESIDENT
52 NAME	ROBERTSON, KENNETH
53 STREET ADDRESS	2802 JAN-MAR DR.
54 CITY-ST-ZIP	AUBURNDAL FL 33823
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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:

Kenneth W. Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH W. ROBERTSON

06/28/96
Date

941 965 0602
Daytime Phone