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Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/11/1987	3a. Date of Last Report 10/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MERONI, LINDA
4208 SHADOWWOOD DR.
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name TODOROVIC ARTHENE	85 Zip Code 33881
82 Street Address (P.O. Box Number is Not Acceptable) 2712 AVE J NW	
83	
84 City WINTER HAVEN	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 *Arthene Todorovic* (Arthene Todorovic) DATE 08/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TODOROVIC, ARTHENE	1.1 TITLE PD	NAME STEAGALL, SUE
STREET ADDRESS 2712 AVENUE J N.W.	CITY-ST-ZIP WINTER HAVEN FL 33881	1.2 STREET ADDRESS 3516 AVE A SW	CITY-ST-ZIP WINTER HAVEN FL 33881
TITLE D	NAME BEUTEL, CHARLES	2.1 TITLE VPD	NAME BAUCK, JUERGEN
STREET ADDRESS 1108 VONCILE	CITY-ST-ZIP LAKE WALES FL	2.2 STREET ADDRESS 161 HOMEWOOD CT.	CITY-ST-ZIP WINTER HAVEN FL 33880
TITLE VPSD	NAME FEAGLE, BONNIE	3.1 TITLE SD	NAME GARCIA, BRENDA
STREET ADDRESS 71 POWELL ROAD	CITY-ST-ZIP WINTER HAVEN FL 33800	3.2 STREET ADDRESS 2936 S FLORIDA AVE.	CITY-ST-ZIP LAKELAND FL 32803
TITLE TD	NAME MERONI, LINDA	4.1 TITLE TD	NAME ANDREWS, CARDLYN
STREET ADDRESS 4208 SHADOWWOOD DRIVE	CITY-ST-ZIP WINTER HAVEN FL 33880	4.2 STREET ADDRESS 311 THORNHILL EST.	CITY-ST-ZIP WINTER HAVEN FL 33880
TITLE PD	NAME ROBERTSON, KENNETH	5.1 TITLE D	NAME HICKMAN, DARYL
STREET ADDRESS 2802 JAN-MAR DRIVE	CITY-ST-ZIP AUBURNDAL FL 33823	5.2 STREET ADDRESS 2461-A AVE C SW	CITY-ST-ZIP WINTER HAVEN FL 33880
TITLE PPD/AGENT	NAME TODOROVIC ARTHENE	6.1 TITLE TODOROVIC ARTHENE	NAME 2712 AVE J NW
STREET ADDRESS 2712 AVE J NW	CITY-ST-ZIP WINTER HAVEN FL 33881	6.2 STREET ADDRESS 2712 AVE J NW	CITY-ST-ZIP WINTER HAVEN FL 33881

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.

CP2E037 (9/96)