FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

| • | 1998 | DIVISION OF CO | RPORATIONS | |
|---|--|--|--|---|
| DOCUMENT # N22585 (6) | | | | |
| 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 | | 3. Date Incorporated or Qualified |
| | | | | 09/11/1987 4. FEI Number Applied For |
| | | | | 59-2841548 Not Applicable |
| | lace of Business | 2a. Mailing Address | | 5. Certificate of Status Desired \$8.75 Additional |
| 21 | | | Fee Required | |
| 22 27 | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| City & State City & State | | | 7. Is this nonprofit corporation a homeowners association? | |
| 23 | | 28 | | ☐ Yes 🚨 No |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24 | 25 S. Name and Address of Curren | 29 30 nt Registered Agent | — با | Personal Property Tax due June 30. L. Yes X No 10. Name and Address of New Registered Agent |
| 84 None - 4 | | | | Ted Gallo |
| TODOROVIC, ARTHENE | | | 82 Street | Address (P.O. Box Number is Not Acceptable) |
| 2712 AVE J NW | | | 33 | 344 Timberline Pd., W. |
| WINTER HAVEN FL 33881 | | | 83 | · |
| | | | 84 City | inter Haven FL 85 33880 |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, If | | | 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Segtion 617.0503, Florida Statutes. | | | | |
| SIGNATURE _ | | A Tracell | | |
| 12. | Signature, typed or printed harno of registered age | ent and little If applicable (NOTE R | logistered Agent signature | e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PPD | DELETE | 1.1 TITLE | PPT) Addition |
| NAME | TODOROVIC, ARTHENE | | 1.2 NAME | M. Sue Jones Steagall 2516 Ave. A. Sw |
| STREET ADDRESS | 2712 AVENUE J N.W. | | 1.3 STREET ADDRESS | 7516 Ave. A, SW 3 |
| CITY-ST-ZIP | WINTER HAVEN FL | | 1.4 City-St-ZiP | Winter Haven, FL 35000 |
| TITLE | PD ONE | ☐ DELETE | 2.1 TITLE | PD Change Addition |
| NAME . | STEAGALL, SUE 2516 AVE A SW | | 2.2 NAME 2.3 STREET ADDRESS | Ted M. Gallo 3344 Timberline Rd., W. |
| STREET ADDRESS CITY-ST-ZIP | WINTER HAVEN FL | | 2 4 CITY-ST-ZIP | Winter Haven, FL 33880 |
| TITLE | VPD | ☐ DELET e | 3.1 TITLE | VP D |
| NAME | BAUCK, JUERGEN | | 3.2 NAME | Nancy Bell |
| STREET ADDRESS | 181 HOMEWOOD CT | | 3.3 STREET ADDRESS | 7 Lake Howard Dr. |
| CITY+ST-ZIP | WINTER HAVEN FL | Delete | | winter Haven, Fr 33880 |
| TITLE | SD Garcia, Brenda | ☐ DELETE | 4.1 TITLE 4.2 NAME | Debra Hollington Change Addition |
| NAME STREET ADDRESS | 2936 S FLORIDA AVE | | | 604 Palmetto Pl. |
| CITY-ST-ZIP | LAKELAND FL | | 4.4 CITY - ST- ZIP | Winter Haven Fr 33880 |
| TITLE | TD . | DELETE | 5.1 TITLE | winter Haven, Fr 33880 TD Addition Patricia Nievas Patricia Nievas |
| NAME | ANDREWS, CAROLYN | ļ | 5.2 NAME | Patricia, Nievas |
| STREET ADDRESS | 311 THORNHILL EST | | 5.3 STREET ADDRESS | 22/19 5/10/00/00 |
| CITY-ST-ZIP | WINTER HAVEN FL | DELETE | 5.4 CITY - ST - ZIP | Winter Haven, Fr 33880 Change Addition |
| TITLE | D D | L VELETE | 6.1 TITLE 6.2 NAME | D Gerald Hill 3520 Ave. J., NW Winter Haven, FL 33881 |
| NAME STREET ADDRESS | HICKMAN, DARYL 2461-A AVE C SW | | 63 STREET ADDRESS | 13520 Ave. J., NW |
| CITY-ST-ZIP | WINTER HAVEN FL | | 6.4 CITY-ST-ZIP | Winter Haven, FL 33881 |
| 44 | and the state of t | 20 - 412 - 422 - 1 | ha avanation state | of in Continue 440 07/000 Florido Ctotutos I further and to the information |

Thereby 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.

GNATURE:

7/4/98