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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N23070

(8)

BEARCAT BAND BOOSTERS, INC.

D: 101	15	41.95 A.11					
Principal Place	of Business	Mailing Address					.,
PO BOX 2204 CRYSTAL RIVER FL 34423			CRYSTAL RIVER FL 34423-2204				
US		US			3. Date Incorporated or Qualified 10/19/1987	3a. Date of Last F 04/29/19	Report 996
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number -59-2912071 - 31-1		pplied For ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22 City & State		City & State					equired
23	•	28			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Z _I p	Country	Zip	Cou	ntry	8. This corporation has liability for i		
24	25	29	30			Yes 🗗 No	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
			Į	81 Name			
LOWE, TERRY D.			82 Street Ad		Address (P.O. Box Number is Not Acceptable)		
	ARTLEY ROAD			63		· · · · · · · · · · · · · · · · · · ·	
SUITE 20							
JACKSO	NVILLE FL 32217		ſ	84 City		FL 85 Zip	Code
11 Pureuant h	o the provisions of Sections 617 (1502 and 617 1508 Florida Sta	atutos the at	ove-named	corporation submits this statement for the n		ite registere
The ruisuant o	egistered agent, or both, in the St	ate of Florida. Such change wa	as authorized	by the corp	corporation submits this statement for the portation's board of directors. I hereby accept	ot the appointment as	registered
office or re	n familiar with, and accept the ob	ligations of, Section 617.0503,	, Florida State	utes.			
office or re agent I an							
agent I an SIGNATURE _		enent and life if anniicable II	NOTE: Registered	Agent slopeture i	remitted when reinclation)	DATE	
agent I an SIGNATURE	Signature, typed or printed name of registered			Agent signature r	required when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12
agent I an SIGNATURE	Signature, typed or printed name of registered	agent and little # applicable (I	NOTE: Registered		ADDITIONS/CHANGES TO OFFIC		
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