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FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N23070 (8)

1. Corporation Name

BEARCAT BAND BOOSTERS, INC.

Principal Place of Business

PO BOX 2204
CRYSTAL RIVER FL 34423
US

Mailing Address

PO BOX 2204
CRYSTAL RIVER FL 34423-2204
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
10/18/1987

3a. Date of Last Report
04/29/1996

4. FEI Number

~~50-2012074~~ 31-1513085

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWE, TERRY D.
2955 HARTLEY ROAD
SUITE 205
JACKSONVILLE FL 32217

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SEIJAS, DON
STREET ADDRESS 750 S CURRY PT
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

TITLE VD
NAME LOWE, SUSAN
STREET ADDRESS 705 SW BEND PT
CITY-ST-ZIP LECANTO FL

☐ DELETE

TITLE TD
NAME NEAMAN, THOMAS T. J
STREET ADDRESS 1479 N. ENDICOTT PT.
CITY-ST-ZIP CRYSTAL RIVER FL

☐ DELETE

TITLE SD
NAME DEBRA WATSON
STREET ADDRESS 335 S POINSETTA TERR
CITY-ST-ZIP CRYSTAL RIVER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Ford, Daniel
1.3 STREET ADDRESS 1979 S. Melanie Dr.
1.4 CITY-ST-ZIP Homosassa, FL 34448

☒ Change

☐ Addition

2.1 TITLE VD
2.2 NAME RASS, Kenneth
2.3 STREET ADDRESS 2121 N.W. 15th Street
2.4 CITY-ST-ZIP Crystal River, FL 34428

☒ Change

☐ Addition

3.1 TITLE TD
3.2 NAME Ford, Rhonda
3.3 STREET ADDRESS 1979 S. Melanie Dr.
3.4 CITY-ST-ZIP Homosassa, FL 34448

☒ Change

☐ Addition

4.1 TITLE SD
4.2 NAME Preston, Sherree
4.3 STREET ADDRESS 37 Dogwood Drive
4.4 CITY-ST-ZIP Homosassa, FL 34446

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (352) 795-7941

Date Daytime Phone # 0064963

CR2E037 (9/96)