

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23070** (8)  
1. Corporation Name  
**BEARCAT BAND BOOSTERS, INC.**

Principal Place of Business <b>PO BOX 2204 CRYSTAL RIVER FL 34423 US</b>	Mailing Address <b>PO BOX 2204 CRYSTAL RIVER FL 34423 US</b>
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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
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3. Date Incorporated or Qualified <b>10/19/1987</b>	4. FEI Number <b>31-1513085</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>LOWE, TERRY D. 2655 HARTLEY ROAD SUITE 205 JACKSONVILLE FL 32217</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD FORD, DANIEL 1979 S MELANIE DR HOMOSASSA FL
NAME	VD RASS, KENNETH 2121 NW 15 ST CRYSTAL RIVER FL
STREET ADDRESS	TD FORD, RHONDA 1979 S MELANIE DR HOMOSASSA FL
CITY-ST-ZIP	SD PRESTON, SHEREE 37 DOGWOOD DR HOMOSASSA FL
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD. Tom Engstrom 5111 Riverside Dr Yankeetown, FL 34498
1.2 NAME	2.1 TITLE VD Chuck Tisdale 5894 W. Pine Circle Crystal River, FL 34429
1.3 STREET ADDRESS	2.2 NAME TD Kay Burke 9366 Tall Pine Ct Crystal River, FL 34428
1.4 CITY-ST-ZIP	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Crystal River, FL 34429
4.1 TITLE	4.2 NAME SD Tracy Carver 824 W Dunkerfield Ave Crystal River, FL 34429
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP Crystal River, FL 34429
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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: *Kay Burke* 3/15/98 352-795-8328

CR2E037 (10/97)