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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23070

1. Corporation Name
BEARCAT BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
PO BOX 2204 CRYSTAL RIVER FL 34423 US	PO BOX 2204 CRYSTAL RIVER FL 34423 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/19/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1513085 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: MARY C. SCHLUMBERGER
82 Street Address (P.O. Box Number is Not Acceptable): ~~PO BOX 2204~~ 720 N DOVE PT.
83
84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

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: Mary C. Schlumberger TREASURER. DATE: 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	ENGSTROM, TOM		1.2 NAME	HARLESS, JOYCE
STREET ADDRESS	5111 RIVERSIDE DR		1.3 STREET ADDRESS	8410 N PINE HAVEN PT
CITY-ST-ZIP	YANKEETOWN FL 34498		1.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34428
TITLE	VD	☒ DELETE	2.1 TITLE	VPD ☐ Change ☒ Addition
NAME	TISDALE, CHUCK		2.2 NAME	CLARK, RANDY
STREET ADDRESS	5894 W PINE CIR		2.3 STREET ADDRESS	319 VENTURI AVE
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		2.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	TD	☒ DELETE	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	BURKE, KAY		3.2 NAME	CLARK, KATHY
STREET ADDRESS	9366 TALL PINE CT		3.3 STREET ADDRESS	319 VENTURI AVE.
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		3.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	SD	☒ DELETE	4.1 TITLE	TD ☐ Change ☒ Addition
NAME	CARVER, TRACY		4.2 NAME	SCHLUMBERGER, MARY C.
STREET ADDRESS	824 N DUNKENFIELD AVE		4.3 STREET ADDRESS	720 N DOVE PT
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		4.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Mary C. Schlumberger SIGN HERE TREASURER 4/26/99 352-795-9825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #