## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # N23070  1. Entity Name BEARCAT BAND BOOSTERS, INC.				Secretary of State
				05-03-2004 90670 027 ****61.25
Principal Place of Business PO BOX 2204 CRYSTAL RIVER, FL 34423 US Mailing Address PO BOX 2204 CRYSTAL RIVER, FL 34423 CRYSTAL RIVER, FL 344.			423 US	. I MBB(178) BIS (1888 178) BB(17 255) BIS (1881 1881 1881 188) BIS (1881 1881 188) BIS (1881 188) BIS (1881
2. Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172004 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For 31-1513085 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	-6Name and Address of Current	Registered Agent -		. 7. Name and Address of New Registered Agent
PETERSON, PATRICK				BERTS: Katherine V. ss (P.O. Box, Number is, Not Acceptable)
HOMOSASSA, FL 34446			36	02 N. Holiday Dr.
			City Cir	stal River FL 38438-5990
	e named entity submits this statement for tions of registered agent.	the purpose of changing its		stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Kalberine V. Lobe Signature, typed or project name of registered agent a		rne V. Rob : Registered Agent signature rec	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, PATRICK P.O. BOX 2204 CRYSTAL RIVER, FL 34423	Delete	STREET ADDRESS	chiman, Wendie  D. Box 2204  ystal River, FL 34423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STAHLHOOD, REX P.O. BOX 2204 CRYSTAL RIVER, FL 34423	Delete	TITLE NAME STREET ADDRESS	Change Addition  ence, Linda  D. Bac 2204  yestal River, FL 34423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENDENBERG, LAURIE P.O. BOX 2204 CRYSTAL RIVER, FL 34423	Delete	TITLE <	mlinson Barbara  Box 204  ystal River, FL34423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, PATRICK P.O. BOX 2204 CRYSTAL RIVER, FL 33423	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, KATHY PO BOX 2204 CRYSTAL RIVER, FL 34423	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	*
12 Lhoreby	certify that the information supplied with	this filing does not qualify for	the exemption stated i	Section 119.07(3)(i), Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Latterine V. Roberts Katherine V. Roberts 04/29/04 (352)563-598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Dayline Phone #