

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90325 025 ****61.25

DOCUMENT # N23070

1. Entity 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 US

40071952



2. Principal Place of Business
344 NE CRYSTAL ST

3. Mailing Address
Suite, Apt. #, etc.

04262006 Chg-NP CR2E037 (11/05)

City & State
CRYSTAL RIVER FL 34428

City & State

4. FEI Number
31-1513085

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLUMBERGER, ROBERT
6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429-8723

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUHLMAN, WENDIE P.O. BOX 2204 CRYSTAL RIVER, FL 34423	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, LINDA P.O. BOX 2204 CRYSTAL RIVER, FL 34423	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALEAU, ANGEL P.O. BOX 2204 CRYSTAL RIVER, FL 34423	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GINA PO BOX 2204 CRYSTAL RIVER FL 34423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, MAE FIN PO BOX 2204 CRYSTAL RIVER FL 34423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, RUSSEL PO BOX 2204 CRYSTAL RIVER FL 34423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTHAM, GLORY PO BOX 2204 CRYSTAL RIVER FL 34423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SANDRA PO BOX 2204 CRYSTAL RIVER FL 34423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wendie Kuhlman - Wendie Kuhlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 352-563-0342
Date Daytime Phone #

ATTACHMENT

40071952

DOCUMENT # N23070
BEARCAT BAND BOOSTERS INC.
P.O. BOX 2204
CRYSTAL RIVER, FL 34423-2204

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (CONT'D)

D
TAYLOR, MARTA
PO BOX 2204
CRYSTAL RIVER, FL 34423

X Addition