

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90237 046 \*\*\*\*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**

4000400



2. Principal Place of Business - No P.O. Box #  
**344 NE CRYSTAL ST.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222007 Chg-NP CR2E037 (12/06)

City & State  
**CRYSTAL RIVER, FL**

City & State

4. FEI Number  
**31-1513085**

Applied For  
Not Applicable

Zip  
**34428**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
KUHLMAN, WENDIE  
P.O. BOX 2204  
CRYSTAL RIVER, FL 34423** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Holly Elpers  
P.O. Box 2204  
Crystal River, FL 34423** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PIERCE, LINDA  
P.O. BOX 2204  
CRYSTAL RIVER, FL 34423** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Melissa Small  
P.O. Box 2204  
Crystal River, FL 34423** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CALEAU, ANGEL  
P.O. BOX 2204  
CRYSTAL RIVER, FL 34423** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DAVIS, GINA  
PO BOX 2204  
CRYSTAL RIVER, FL 34423** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HARVEY, MAE FIN  
PO BOX 2204  
CRYSTAL RIVER, FL 34423** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HARVEY, RUSSEL  
PO BOX 2204  
CRYSTAL RIVER, FL 34423** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 / W Kuhl  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07  
Date

Daytime Phone #