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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:08

DOCUMENT # N25279 (3)

1. Corporation Name

LAKE GIBSON HIGH SCHOOL BAND BOOSTERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
7007 N SOCRUM LOOP RD. LAKELAND FL 33809-2280	7007 N SOCRUM LOOP RD. LAKELAND FL 33809-2280

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1988
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2881239 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GILCHREST, RALPH A. I
190 CLUBHOUSE RD.
7007 N SOCRUM LOOP ROAD
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	11 TITLE	Pres.	☒ Change ☐ Addition
NAME	DUNCAN, CRAIG	12 NAME	GARY COATES	
STREET ADDRESS	941 AVON AVE.	13 STREET ADDRESS	324 Lynn-ette Pl.	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Lakeland, FL. 33809	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MIKSELL, ROBERT	22 NAME	TERRY LISK	
STREET ADDRESS	325 TRACY WAY	23 STREET ADDRESS	10741 PATHFINDER TRAIL	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	LAKELAND, FL. 33809	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	CANNOY, JOHN	32 NAME	BARRY BONNICHSEN	
STREET ADDRESS	6928 FOXCHASE DRIVE	33 STREET ADDRESS	4040 DERBY DR.	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	LAKELAND, FL. 33809	
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	BRIDGES, TERESA	42 NAME	KAREN COATES	
STREET ADDRESS	6428 BRAHMAN DR.	43 STREET ADDRESS	324 LYNN-ETTE PL	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	SD	51 TITLE	SD	☒ Change ☐ Addition
NAME	DUNCAN, PAM	52 NAME	CAROL COCHRAN	
STREET ADDRESS	941 AVON AVENUE	53 STREET ADDRESS	1623 GAMEWELL TRAIL	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	LAKELAND, FL. 33809	
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	RUMRELL, LINDA	62 NAME		
STREET ADDRESS	6529 DORCHESTER RD.	63 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Gary A. Coates 2-13-95 (813) 956-1151, x218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #