

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25279 (3)
1. Corporation Name
LAKE GIBSON HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **03/08/1988** 3a. Date of Last Report **02/22/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD COATES, GARY**
STREET ADDRESS **324 LYNN-ETTE PL**
CITY-ST-ZIP **LAKELAND FL**
TITLE ☒ DELETE
NAME **VD LISK, TERRY**
STREET ADDRESS **10741 PATHFINDER TRAIL**
CITY-ST-ZIP **LAKELAND FL**
TITLE ☒ DELETE
NAME **VD BONNICHSEN, BARRY**
STREET ADDRESS **4040 DERBY DRIVE**
CITY-ST-ZIP **LAKELAND FL**
TITLE ☒ DELETE
NAME **VD COATES, KAREN**
STREET ADDRESS **324 LYNN-ETTE PL**
CITY-ST-ZIP **LAKELAND FL**
TITLE ☒ DELETE
NAME **SD COCHRAN, CAROL**
STREET ADDRESS **1623 GAMEWELL TRAIL**
CITY-ST-ZIP **LAKELAND FL**
TITLE ☒ DELETE
NAME **T RUMRELL, LINDA**
STREET ADDRESS **6529 DORCHESTER RD.**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SHERRED, TOM**
1.3 STREET ADDRESS **3327 DALE DR.**
1.4 CITY-ST-ZIP **LAKELAND, FL. 33805**
2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **DAVIS, SONYA**
2.3 STREET ADDRESS **939 BURRISRDGE DR.**
2.4 CITY-ST-ZIP **LAKELAND, FL. 33809**
3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **RIDEOUT, PAT**
3.3 STREET ADDRESS **1314 WYNGATE DR.**
3.4 CITY-ST-ZIP **LAKELAND, FL. 33809**
4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **ARRINGTON, KAY**
4.3 STREET ADDRESS **1128 DRIGGERS RD.**
4.4 CITY-ST-ZIP **LAKELAND, FL. 33809**
5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME **KAUFMANN, DONNA**
5.3 STREET ADDRESS **802 BUGLE WAY**
5.4 CITY-ST-ZIP **LAKELAND, FL. 33809**
6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **RICHARDSON, PAM**
6.3 STREET ADDRESS **615 UNION DR.**
6.4 CITY-ST-ZIP **LAKELAND, FL. 33809**

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)(k), 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.

SIGNATURE: *Pamela Jo Richardson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA JO RICHARDSON 941-687-6749

Date

Daytime Phone #

CR2E037 (12/95)