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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

7007 N SOCRUM LOOP RD.  
LAKELAND FL 33809-2280

3. Date Incorporated or Qualified

03/08/1988

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. Is this nonprofit corporation a homeowners association?

☐

Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 same  
Suite, Apt. #, etc.

26 same  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

Same

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-98

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
SHERRED, TOM  
STREET ADDRESS  
3327 DALE DR  
CITY-STATE-ZIP  
LAKELAND FL

1.2 TITLE ☐ DELETE

NAME  
DAVIS, SONYA  
STREET ADDRESS  
939 BURRISDRIDGE DR  
CITY-STATE-ZIP  
LAKELAND FL

1.3 TITLE ☐ DELETE

NAME  
RIDEOUT, PAT  
STREET ADDRESS  
1315 WYNGATE DR  
CITY-STATE-ZIP  
LAKELAND FL

1.4 TITLE ☐ DELETE

NAME  
ARRINGTON, KAY  
STREET ADDRESS  
1128 DRUGGERS RD  
CITY-STATE-ZIP  
LAKELAND FL

1.5 TITLE ☐ DELETE

NAME  
KAUFMANN, DONNA  
STREET ADDRESS  
802 BUGLE WAY  
CITY-STATE-ZIP  
LAKELAND FL

1.6 TITLE ☐ DELETE

NAME  
RICHARDSON, PAM  
STREET ADDRESS  
615 UNION DR  
CITY-STATE-ZIP  
LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME  
President D.  
Mert Davis  
STREET ADDRESS  
939 Burrisridge Drive  
CITY-STATE-ZIP  
Lakeland, FL 33809

2.1 TITLE ☒ Change ☐ Addition

NAME  
V. President D.  
Debbie Brown  
STREET ADDRESS  
1436 Hammock Shade Drive  
CITY-STATE-ZIP  
Lakeland, FL 33809

3.1 TITLE ☒ Change ☐ Addition

NAME  
V. President D.  
Gary Coates  
STREET ADDRESS  
324 Lynn-ette Place  
CITY-STATE-ZIP  
Lakeland, FL 33809

4.1 TITLE ☒ Change ☐ Addition

NAME  
V. President D.  
Marion Ferenbach  
STREET ADDRESS  
1421 Covey Circle S.  
CITY-STATE-ZIP  
Lakeland, FL 33809

5.1 TITLE ☒ Change ☐ Addition

NAME  
Secretary  
Merri Moates  
STREET ADDRESS  
852 Cedar Knoll Dr. N.  
CITY-STATE-ZIP  
Lakeland, FL 33809

6.1 TITLE ☒ Change ☐ Addition

NAME  
Treasurer  
Pam Richardson  
STREET ADDRESS  
615 Union Drive  
CITY-STATE-ZIP  
Lakeland, FL 33809

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/98

858-8829

Daytime Phone # 0046044

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