

DOCUMENT # N25279

1. Entity Name

LAKE GIBSON HIGH SCHOOL BAND BOOSTERS ASSOCIATIO

Principal Place of Business

7007 N SOCRUM LOOP RD.  
LAKELAND FL 33809-2280

Mailing Address

7007 N SOCRUM LOOP RD.  
LAKELAND FL 33809-2280

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2881239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

1/06/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERENBACH, MARION	
STREET ADDRESS	1421 COVEY CIRCLE SOUTH	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ACOR, KAREN	
STREET ADDRESS	1221 COSTINE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	THIGPEN, KATHY	
STREET ADDRESS	2440 ORANGE DALE ROAD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STAFFORD, ROSITA	
STREET ADDRESS	8229 TIMBERIDGE CRT	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAWTHORNE, SUE	
STREET ADDRESS	5726	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELDER, MARK	
STREET ADDRESS	116 CONNIE LEE COURT	
CITY-ST-ZIP	LAKELAND FL 33809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foucher, Marion	
STREET ADDRESS	1421 Covey Circle South	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia McCreary	
STREET ADDRESS	1911 North Florida Avenue	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Wright	
STREET ADDRESS	435 Ed Padgett Road	
CITY-ST-ZIP	Lakeland, FL 33809	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/01

Daytime Phone #

CR2E037 (10/00)