## **NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 13, 2002 8:00 am

DOCUMENT # N25737 1. Entity Name The Marching Kloluerine Bond Parent And Booster A.		Secretary of State 03-13-2002 90107 030 ****70.00	
DO NOT WRITE IN THIS SPACE		421720	
2. Principal Place of Business  AURHE 13t (SCREATION) (ENTER 107 9th St. N.E.  Suite, Apt. #, etc.  801 AUE. T. N.E.		DO NOT WRITE IN THIS SPACE	
Winter Haven FL Winter Have 33881 US 33881-1775	Country U.S. 5.	EEI Number 13-31535 Certificate of Status Desire	Fee Required
DO NOT WRITE IN THIS SPACE	AS Theodok Box Number is Not Accept	CE JR.	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Con	· · · · · · · · · · · · · · · · · · ·	00 May Be ed to Fees	Make Check Payable to Department of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE THE TOY OF THE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
NAME STREET ADDRESS 1817 2) NO STREET N.N.  CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KINTER HOMEN, FL 33881  TITLE  TO NESS TO STREET ADDRESS TO STREET ADDRES	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO-NOT IN THIS	SPACE
NAME STREET ADDRESS CITY-ST-ZIP  WILLIAMS, TREODORE JR. 3378, AVE. R. N.W. 33881  TITLE NAME STREET ADDRESS 2107, 94h, St. N.E. CITY-ST-ZIP  WINTER HAVEN, FL 33881	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

THE DORE Walter 185, Jr. 2-19-02 (863) 967-2844