

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N27412 (8)

1. Corporation Name

DELTONA HIGH SCHOOL BAND BOOSTERS' ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

100 WOLF PACK RUN
DELTONA FL 32738

100 WOLF PACK RUN
DELTONA FL 32725-2923



3. Date Incorporated or Qualified
07/13/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2954480

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, HAROLD G.
100 WOLF PACK RUN
DELTONA FL 32725

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 VP ☒ DELETE
NAME FORD, DEBBIE
STREET ADDRESS 518 CLEON LANE
CITY-ST-ZIP DELTONA FL

1.1 TITLE D
1.2 NAME P
1.3 STREET ADDRESS BUCCERI, CATHY
1.4 CITY-ST-ZIP 2008 BREWSTER DR DELTONA, FL 32738 ☐ Change ☒ Addition

TITLE PD ☒ DELETE
NAME BOWMAN, LESLIE D
STREET ADDRESS 1072 ALPINE DR
CITY-ST-ZIP DELTONA FL

2.1 TITLE D
2.2 NAME V
2.3 STREET ADDRESS COOKE, CHERYL
2.4 CITY-ST-ZIP 1532 ENFIELD ST. DELTONA, FL 32725 ☐ Change ☒ Addition

TITLE S ☒ DELETE
NAME DEMENDOZA, PATSY
STREET ADDRESS 17 CANTERBURY COURT
CITY-ST-ZIP DEBARY FL

3.1 TITLE D
3.2 NAME S
3.3 STREET ADDRESS SMITH, JOSIE
3.4 CITY-ST-ZIP 100 wolf pack run Deltona, FL 32725 ☐ Change ☒ Addition

TITLE T ☒ DELETE
NAME FARON, PENNY
STREET ADDRESS 515 MANATEE SPRINGS COURT
CITY-ST-ZIP ORANGE CITY FL

4.1 TITLE D
4.2 NAME T
4.3 STREET ADDRESS MORGAN, LINDA
4.4 CITY-ST-ZIP 219 LAKEWOOD DR. DEBARY, FL 32713 ☐ Change ☒ Addition

TITLE S ☒ DELETE
NAME FORD, DEBBIE
STREET ADDRESS 518 CLEO LANE
CITY-ST-ZIP DELTONA FL 32738

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)