

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 # N27654 (5)

1. Corporation Name

MARINER HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

PO BOX 151042
CAPE CORAL FL 33990-3905

Mailing Address

PO BOX 151042
CAPE CORAL FL 33990-3905
US

3. Date Incorporated or Qualified
07/28/1988

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-0155622

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

**LOWENDICK, H. D
1505 WEST EL DORADO PKWY
CAPE CORAL FL 33991**

10. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent signature required when reinstating)

2-2-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOWENDICK, H. D
STREET ADDRESS 1505 E. EL DORADO PKWY
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE VPD
NAME FROST, NANCY
STREET ADDRESS 1305 SE 11TH STREET
CITY-ST-ZIP CAPE CORAL FL

☒ DELETE

TITLE VPD
NAME ANDRESS, KAREN
STREET ADDRESS 711 S E 9TH PLACE
CITY-ST-ZIP CAPE CORAL FL

☒ DELETE

TITLE SD
NAME BINGHAM, MARSHA
STREET ADDRESS 911 S.W. 11TH AVE
CITY-ST-ZIP CAPE CORAL FL

☒ DELETE

TITLE TD
NAME RHORER, FRANK
STREET ADDRESS 1142 S.W. 5TH ST
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☒ SAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

DATE

941-540-0605

DAYTIME PHONE #

CR2E037 (12/95)