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Jan 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
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DOCUMENT # **N27654** (5)

1. Corporation Name

MARINER HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

PO BOX 151042
CAPE CORAL FL 33990-3905

PO BOX 151042
CAPE CORAL FL 33915-1042
US



3. Date Incorporated or Qualified
07/28/1988

3a. Date of Last Report
03/07/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0602 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	PD	<input type="checkbox"/> DELETE
NAME	LOWENDICK, H. D	
STREET ADDRESS	1505 E. EL DORADO PKWY	
CITY - ST - ZIP	CAPE CORAL FL	

1.1 TITLE	P. D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEBENA, PATRICIA	
1.3 STREET ADDRESS	5578 JUNOKE RD	
1.4 CITY - ST - ZIP	CAPE CORAL, FL 33922	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARTER, BILL	
STREET ADDRESS	1042 NW 39 AVE	
CITY - ST - ZIP	CAPE CORAL FL 33909	

2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARTER, BILL	
2.3 STREET ADDRESS	1042 NW 39 AVE	
2.4 CITY - ST - ZIP	CAPE CORAL, FL 33909	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BINGHAM, MARSHA	
STREET ADDRESS	2509 S.W. 36 LANE	
CITY - ST - ZIP	CAPE CORAL FL 33991	

3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CONLEY, SHARON	
3.3 STREET ADDRESS	1030 NE 8th St	
3.4 CITY - ST - ZIP	CAPE CORAL, FL 33909	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RHORER, FRANK	
STREET ADDRESS	1142 S.W. 5TH ST	
CITY - ST - ZIP	CAPE CORAL FL	

4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOWENDICK, H. D.	
4.3 STREET ADDRESS	1505 W. EL DORADO PKWY	
4.4 CITY - ST - ZIP	CAPE CORAL, FL 33914	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056802

CR2E037 (9/96)