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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27654

1. Corporation Name

MARINER HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

PO BOX 151042
CAPE CORAL FL 33915
US

Mailing Address

PO BOX 151042
CAPE CORAL FL 33915
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/28/1988

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

9. Name and Address of Current Registered Agent

LOWENDICK, SHARON P
1505 WEST EL DORADO PKWY
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name
GARY R. BULL
82 Street Address (P.O. Box Number is Not Acceptable)
2516 SW 51ST ST.
83
84 City **CAPE CORAL** FL 85 Zip Code **33914**

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 *Gary R. Bull*

(NOTE: Registered Agent signature required when reinstating)

4/15/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOWENDICK, SHARON	
STREET ADDRESS	1505 W EL DORADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	OBNEY, SHARON	
STREET ADDRESS	1030 NE 8TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33915	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LUNG-ALICEA, SHARON K	
STREET ADDRESS	404 SW 39TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33914-5858	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	POLLARD, SUSAN C	
STREET ADDRESS	5005 SW 9TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHARON LUNG-ALICEA	
1.3 STREET ADDRESS	404 SW 39TH ST	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EILEEN KEUERY	
2.3 STREET ADDRESS	419 SW 33RD TERR	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAREN CEPHART	
3.3 STREET ADDRESS	503 SE 12TH COURT	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33990	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARY R. BULL	
4.3 STREET ADDRESS	2516 SW 51ST ST	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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, with all other like empowered.

SIGNATURE:

GARY R. BULL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

941/334-0046

Daytime Phone #

CR2E037 (1/98)

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