

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N29662** (6)

1. Corporation Name

BOCA CIEGA HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

**824 58TH STREET S.
GULFPORT FL 33707
US**

**3201 78TH STREET N.
ST. PETERSBURG FL 33710
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1988

3a. Date of Last Report
03/18/1996

4. FEI Number
59-2923959

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **2689 York St N**

22 City & State

27 City & State

23 Zip

Country

28 **St Petersburg FL**

Zip

29 **33710**

Country

30 **Pineellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, GARY L.
3201 78TH ST. N.
ST. PETERSBURG FL 33710**

81 Name
Pedersen, Gail
82 Street Address (P.O. Box Number is Not Acceptable)
2689 York St N
83
84 City
St Petersburg **FL** 85 Zip Code
33710

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 **Gail Pedersen** **Gail Pedersen** **9-9-97**
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	1.1 TITLE	PD
NAME	BROWN, GARY L.	1.2 NAME	Patrick Carney
STREET ADDRESS	3201 78TH ST. N.	1.3 STREET ADDRESS	1202 63 St S.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St Petersburg FL 33707
TITLE	TD	2.1 TITLE	TP
NAME	MARTIN, BONNIE	2.2 NAME	Gail Pedersen
STREET ADDRESS	4913 28TH AVE. S.	2.3 STREET ADDRESS	2689 York St N
CITY-ST-ZIP	GULFPORT FL	2.4 CITY-ST-ZIP	St Petersburg FL 33710
TITLE	SD	3.1 TITLE	SD
NAME	FRIEDMAN, DAINNE	3.2 NAME	Debra Eriksen
STREET ADDRESS	2245 58TH ST. N.	3.3 STREET ADDRESS	9001 Blind Pass Rd
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St Petersburg Bch FL 33706
TITLE		4.1 TITLE	DIE
NAME		4.2 NAME	Deborah Mogil
STREET ADDRESS		4.3 STREET ADDRESS	5151 25 Aven
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St Petersburg FL 33710
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **Gail Pedersen** **Gail Pedersen** **09-17 (813) 343-4811**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILED

Sep 17 1997 8:00am
Secretary of State

CR2E037 (4/97)