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May 27, 1999 8:00 am  
Secretary of State

05-27-1999 90001 005 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

924 58TH STREET S.  
GULFPORT FL 33707  
US

2689 YORK ST N  
ST. PETERSBURG FL 33710  
US

3. Date Incorporated or Qualified

12/13/1988

4. FEI Number

59-2923959

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MUSSEY GAIL BYERS  
2689 YORK ST N  
ST. PETERSBURG FL 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
CARNEY, PATRICK  
1202 63 ST S  
ST PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD  
MUSSEY, GAIL BYERS  
2689 YORK ST N  
ST PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD  
ERIKSEN, DEBRA  
9001 BLIND PASS RD  
ST PETERSBURG BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
MOGIL, DEBORAH  
5151 25 AVE N  
ST PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS If 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Sheryl Hartmann - McEntegart  
5501 - 5th Ave N  
St Petersburg FL 33710

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addit. Gr.

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

SD  
COOK, BETSY  
5950 4th AVENUE SOUTH  
ST PETERSBURG FL 33707

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D  
MOGIL, DEBORAH  
2700 - 60 STREET NORTH  
ST PETERSBURG FL 33710

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addit. Gr.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addit. Gr.

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.

SIGNATURE: Gail Byers Mussey

5-19-99

727-343-4811

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