

# 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 # **N30403** (2)

1. Corporation Name

**TAVARES BAND BOOSTERS, INC.**



Principal Place of Business

Mailing Address

% BAND DIRECTOR  
603 N NEW HAMPSHIRE AVE  
TAVARES FL 32778

% BAND DIRECTOR  
P.O. BOX 1363  
TAVARES FL 32778  
US

3. Date Incorporated or Qualified  
**01/30/1989**

3a. Date of Last Report  
**08/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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4. FEI Number  
**65-0101585**

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

10. Name and Address of New Registered Agent

**BORDENKIRCHER, DAVE  
603 N. NEW HAMPSHIRE AVE.  
TAVARES FL 32778**

81 Name

**Juliet C. Kuhnert**

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

**603 N. New Hampshire Avenue**

83

84 City

**Tavares**

**FL**

85 Zip Code  
**32778**

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 **Juliet C. Kuhnert**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

**5/13/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **BLYTHE, GAYLE**  
STREET ADDRESS **1203 OSCEOLA AVE**  
CITY-ST-ZIP **TAVARES FL 32778**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Albert A. King, Jr.**  
1.3 STREET ADDRESS **3001 Pine Tree Road**  
1.4 CITY-ST-ZIP **Eustis, FL 32726**

TITLE **VD** ☒ DELETE  
NAME **WINGER, MARY**  
STREET ADDRESS **10320 CR 44**  
CITY-ST-ZIP **LEESBURG FL 34788**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **Cherie Haertel**  
2.3 STREET ADDRESS **33637 Lakeshore Drive**  
2.4 CITY-ST-ZIP **Tavares, FL 32778**

TITLE **DC** ☒ DELETE  
NAME **JEPSON, NITA**  
STREET ADDRESS **28550 TAMMI DR**  
CITY-ST-ZIP **TAVARES FL 32778**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **Sherie A. Carrozza**  
3.3 STREET ADDRESS **626 Woodview Drive**  
3.4 CITY-ST-ZIP **Tavares, FL 32778**

TITLE **TD** ☒ DELETE  
NAME **BOARD, SANDRA**  
STREET ADDRESS **11010 SHELL CRACKER DRIVE**  
CITY-ST-ZIP **TAVARES FL 32778**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **Susan Frost**  
4.3 STREET ADDRESS **31807 Tropical Shores Drive**  
4.4 CITY-ST-ZIP **Tavares, FL 32778**

TITLE **SD** ☒ DELETE  
NAME **FROST, SUSAN L**  
STREET ADDRESS **31807 TROPICAL SHORES DR**  
CITY-ST-ZIP **TAVARES FL 32778**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **CD** ☒ DELETE  
NAME **SHAW, BUNNY**  
STREET ADDRESS **12425 PINE GLENN DR**  
CITY-ST-ZIP **LEESBURG FL 34788**

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: **Sherie A. Carrozza** *Sherie A. Carrozza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/13/96** **352-343-9739**

Date Daytime Phone #

CR2E037 (12/95)