

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N30403**

(2)

1. Corporation Name

**TAVARES BAND BOOSTERS, INC.**

Principal Place of Business

% BAND DIRECTOR  
803 N NEW HAMPSHIRE AVE  
TAVARES FL 32778

Mailing Address

% BAND DIRECTOR  
P.O. BOX 1963  
TAVARES FL 32778-1963  
US



|                                |  |                        |  |   |  |  |  |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>01/30/1989</b>  |  | 3a. Date of Last Report<br><b>05/17/1996</b> |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>65-0101585</b>  |  | Applied For<br>Not Applicable                |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

9. Name and Address of Current Registered Agent

**KUHNERT, JULIE C**  
803 N. NEW HAMPSHIRE AVE.  
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name **ALBERT A. KING JR**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3001 PINE TREE RD**  
83  
84 City **EUSTIS** FL 85 Zip Code **32726**

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 of officer or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/97**

| 12. OFFICERS AND DIRECTORS |                             |  |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|----------------------------|-----------------------------|--|---------------------|---|--|--|--|
| TITLE                      | PD                          | <input type="checkbox"/> DELETE            | 1.1 TITLE           |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KING, ALBERT A JR.          |  | 1.2 NAME            |   |  |  |  |
| STREET ADDRESS             | 3001 PINE TREE ROAD         |  | 1.3 STREET ADDRESS  |   |  |  |  |
| CITY - ST - ZIP            | EUSTIS FL                   |  | 1.4 CITY - ST - ZIP |   |  |  |  |
| TITLE                      | VD                          | <input type="checkbox"/> DELETE            | 2.1 TITLE           |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HAERTEL, CHERIE             |  | 2.2 NAME            |   |  |  |  |
| STREET ADDRESS             | 33637 LAKESHORE DRIVE       |  | 2.3 STREET ADDRESS  |   |  |  |  |
| CITY - ST - ZIP            | TAVARES FL                  |  | 2.4 CITY - ST - ZIP |   |  |  |  |
| TITLE                      | SD                          | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE           |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CARROZZA, SHERIE A          |  | 3.2 NAME            |   |  |  |  |
| STREET ADDRESS             | 626 WOODVIEW DRIVE          |  | 3.3 STREET ADDRESS  |   |  |  |  |
| CITY - ST - ZIP            | TAVARES FL                  |  | 3.4 CITY - ST - ZIP |   |  |  |  |
| TITLE                      | TD                          | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE           |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FROST, SUSAN                |  | 4.2 NAME            |   |  |  |  |
| STREET ADDRESS             | 31807 TROPICAL SHORES DRIVE |  | 4.3 STREET ADDRESS  |   |  |  |  |
| CITY - ST - ZIP            | TAVARES FL                  |  | 4.4 CITY - ST - ZIP |   |  |  |  |
| TITLE                      |                             | <input type="checkbox"/> DELETE            | 5.1 TITLE           |   |  |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                             |  | 5.2 NAME            |   |  |  |  |
| STREET ADDRESS             |                             |  | 5.3 STREET ADDRESS  |   |  |  |  |
| CITY - ST - ZIP            |                             |  | 5.4 CITY - ST - ZIP |   |  |  |  |
| TITLE                      |                             | <input type="checkbox"/> DELETE            | 6.1 TITLE           |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:

**ALBERT A. KING, JR.**

**4/26/97**

**352-383-5552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014823

CR2E037 (9/96)