

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



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

**DOCUMENT # N30403**

1. Corporation Name

TAVARES BAND BOOSTERS, INC.

3/22/11 - 90031 - 00

Principal Place of Business  
 % BAND DIRECTOR  
 603 N NEW HAMPSHIRE AVE  
 TAVARES FL 32778

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0101585	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

## 9. Name and Address of Current Registered Agent

KING JR, ALBERT A  
 3001 PINE TREE RD  
 EUSTIS FL 33726

## 10. Name and Address of New Registered Agent

81 Name **Ronald S. Buskirk**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**35023 Silver Oak Dr.**  
 83  
 84 City **Leesburg** FL 85 Zip Code **34788**

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 *Ronald S. Buskirk* **RONALD S. BUSKIRK** DATE 4/11/99  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President <b>P/D</b>
NAME	KING, ALBERT A JR.	1.2 NAME	Ronald S. Buskirk
STREET ADDRESS	3001 PINE TREE ROAD	1.3 STREET ADDRESS	35023 Silver Oak Dr.
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	VD	2.1 TITLE	Vice President <b>V/D</b>
NAME	HAERTEL, CHERIE	2.2 NAME	Linda Mendee
STREET ADDRESS	33637 LAKESHORE DRIVE	2.3 STREET ADDRESS	353 Bay Road
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	Mt. Dora, FL 32757
TITLE	SD	3.1 TITLE	Secretary <b>S/D</b>
NAME	RISPOLI, ROSE	3.2 NAME	Toni Cates
STREET ADDRESS	12426 S PUTNEY CT	3.3 STREET ADDRESS	565 Pomelo Ave.
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE		4.1 TITLE	Treasurer <b>T/D</b>
NAME		4.2 NAME	Kathy Williams
STREET ADDRESS		4.3 STREET ADDRESS	1102 Willow Court
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tavares, FL 32778
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald S. Buskirk*  
**RONALD S. BUSKIRK**

4/11/99

(352) 787-1422

Daytime Phone #

CR2E037 (11/98)