SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 15 1998 8:00am
Secretary of State

0002164

DOCUMENT # **N30697** (9)

1. Corporation Name
OVIEDO HIGH SCHOOL BAND BOOSTER ASSOCIATION, INC

Principal Place of Business	Mailing Address
OVIEDO HIGH SCHOOL 601 KING ST OVIEDO FL 32765 US	C/O PARKER. STEVE 601 KING ST OVIEDO FL 32765 US

3. Date Incorporated or Qualified: 02/14/1989

4. FEI Number: NOT APPLICABLE ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Gentoy, Steven
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box # 621600
City & State 23	City & State 28 Oviedo, Fl
Zip 24 / Country 25	Zip 29 32765 / Country 30 Seminole

9. Name and Address of Current Registered Agent

STRZALKO, JIM
569 LAGGON DRIVE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: Gentoy Steven
82 Street Address (P.O. Box Number is Not Acceptable): 644 Yorkshire Drive
83
84 City: Oviedo FL 85 Zip Code: 32765

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: Steven D. Gentoy President
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	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	STRZALKO, JIM		1.2 NAME	Gentoy, Steven	
STREET ADDRESS	569 LAGOON DRIVE		1.3 STREET ADDRESS	644 Yorkshire Dr.	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	Oviedo, Fl 32765	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	MCDONALD, GARY		2.2 NAME	Becerias, Nelson	
STREET ADDRESS	2475 SOUTHERN HILLS COURT		2.3 STREET ADDRESS	1020 Bennett St.	
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	Oviedo, Fl 32765	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	CHANDLER, KATHY		3.2 NAME	Foeni, Louisa	
STREET ADDRESS	1224 TWIN RIVERS BLVD		3.3 STREET ADDRESS	2155 Martingala Place	
CITY-ST-ZIP	OVEIDO FL		3.4 CITY-ST-ZIP	Oviedo, Fl 32765	
TITLE	DT	☒ DELETE	4.1 TITLE	DT	☐ Change ☒ Addition
NAME	CRAWFORD, SALLY		4.2 NAME	Cho, David	
STREET ADDRESS	175 SHADY LANE		4.3 STREET ADDRESS	2443 Point O' Woods Ct.	
CITY-ST-ZIP	OVIEDO FL		4.4 CITY-ST-ZIP	Oviedo, Fl 32765	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME			5.2 NAME	Schwartz, Jonathan	
STREET ADDRESS			5.3 STREET ADDRESS	601 King St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Oviedo, Fl 32765	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Steven D. Gentoy Steven D. Gentoy 9/1/98 407-365-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #