

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90002 037 ****70.00

DOCUMENT # N30697 1. Entity Name OVIEDO HIGH SCHOOL BAND BOOSTER ASSOCIATION, INC.					
Principal Place of Business OVIEDO HIGH SCHOOL 601 KING ST OVIEDO, FL 32765 US			Mailing Address OHSBBA P.O. BOX 621600 OVIEDO, FL 32765 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☒				Applied For ☐	
				Not Applicable ☐	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOUPE, GLEN — 2844 BROWARD CT OVIEDO, FL 32765				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOUPE, GLEN		NAME		
STREET ADDRESS	2844 BROWARD CT		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SEYMANSKI, JEFF		NAME		
STREET ADDRESS	2675 ALOMM OAKS DR		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	NELSON, MARSHA		NAME	T DEBRA SWIFT	
STREET ADDRESS	1048 SEMINOLE CREEK DRIVE		STREET ADDRESS	332 TIMBERWOOD TRAIL	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SIEMEYER, PATTY		NAME		
STREET ADDRESS	2584 EKMA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LINE, DENNIS		NAME		
STREET ADDRESS	601 KING STREET		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Glen E. Loupe</u> Glen E. Loupe <u>7/29/04</u> <u>321-689-2983</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					