

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N46092** (5)  
1. Corporation Name  
**PHS BAND BOOSTERS, INC.**



Principal Place of Business: P.O. BOX 15794, PLANTATION FL 33318  
Mailing Address: P.O. BOX 15794, PLANTATION FL 33318

3. Date Incorporated or Qualified: 11/18/1991  
3a. Date of Last Report: 08/23/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 65-0300222  
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  
**GOLDSZLAGER, SARA**  
7440 PLANTATION ROAD  
PLANTATION FL 33317

10. Name and Address of New Registered Agent  
81 Name: **JAMES F. SIMPKISS**  
82 Street Address (P.O. Box Number is Not Acceptable): **62 WILMBAT DON LAKE DR**  
83  
84 City: **PLANTATION** FL 85 Zip Code: **33324**

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: **JAMES F. SIMPKISS SR** (Signature, typed or printed name of registered agent and title if applicable) *James F. Simpkins* (NOTE: Registered Agent Signature required when reinstating) DATE: **6-14-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>SIMPKISS, JAMES</b>	
STREET ADDRESS	<b>62 WILMINGTON LAKE DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>BOLDGLADER, SARA</b>	
STREET ADDRESS	<b>7440 PLANTATION RD</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>PARKER, LIZ</b>	
STREET ADDRESS	<b>7141 NW 10TH PL</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>BROWN, MINDI</b>	
STREET ADDRESS	<b>9401 NW 10TH ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>DR</b>	<input type="checkbox"/>
NAME	<b>PADILLA, A</b>	
STREET ADDRESS	<b>6941 NW 121TH CT</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>DR</b>	<input type="checkbox"/>
NAME	<b>SIMPKISS, JOYCE</b>	
STREET ADDRESS	<b>62 WILMINGTON LAKE DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>62 WILMBLEDON LK DRIVE</b>		
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>RANDY POOLE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>7401 N.W. 10 PL.</b>		
2.4 CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>		
3.1 TITLE	<b>SEC</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>ALICE CHAPMAN</b>		
3.3 STREET ADDRESS	<b>6941 N.W. 75T</b>		
3.4 CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>		
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>SHARON PRUETT</b>		
4.3 STREET ADDRESS	<b>6915 N.W. 14CT</b>		
4.4 CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<b>400001872774</b>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	<b>-06/24/96--01025--041</b>		
6.4 CITY-ST-ZIP	<b>***61.25</b>		

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: *James F. Simpkins Jr.* (Signature and typed or printed name of signing officer or director) **PKCS** DATE: **6-4-96** (Date) 475-3151 (Business Phone #)

CR2E037 (12/95)