2-4-97 B-1329 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

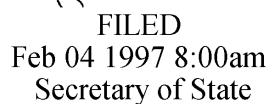
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N47621

(0)

GULF BREEZE HIGH SCHOOL DRAMA BOOSTERS, INC.





Principal Place of Business Mailing Address								,, 6,21, 6,61,	11831 61811 166 1
1209 CATHLEE	N CIRCLE		1209 CATHLEEN CIRCLE						
GULF BREEZE	FL 32561	GULF BREEZE FL 32561	-2567						
						3. Date incorporated or Qualified 02/27/1992		e of Last R 03/13/19	
	ace of Business	2a. Mailing Address				4. FEI Number NOT APPLICABLE			oplied For
21	h -1-	26				NOT APPLICABLE			ot Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State)	City & State	¬ '			6. Election Campaign Financing			May Be
23		28	0			Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip	─ ─	untry		8. This corporation has liability for i	ntangible t Yes		. 199.032,
24	9. Name and Address of Current	29 Registered Agent	30	Т		10. Name and Address of New Re			
	3. Italia and Madidae di Carlon	t trogiotorou regoni		81	Name	10, 144110 2110 71201000 01 11011 110	31010,00 20	your	
THELEN	IO MADOIT								
TIMMONS, MARGIE 1209 CATHLEEN CIRCLE				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	REEZE FL 32561			83					
GOLI DI	INCERT (C OFOO)			B4	City			125 75	Code
				04	City		FL	85 Zip	Code
SIGNATURE _	Signature, typeg/or printed name of registered age	nt and title if applicable. (NA	TE: Registere	0/60	nt algraphe fee	rporation submits this statement for the pation's board of directors, I hereby accept the patients of the pati	DATE	1-97	
12.	OFFICERS AND		13.4			ADD/TIØNS/CHANGES TO OFFIC			
TITLE	TT	☐ DELETE	/ 1.1 T				l	Change	☐ Addition
NAME	MORRISSEY, MARY		1.2 N		1000000				
STREET ADDRESS	201 RUSS DR GULF BREEZE FL 32581	_			ADDRESS				
CITY-ST-ZIP TITLE	VI	DELETE	2.1 T	XTY - S	1-212	1 - tim 1 12		Change	Addition
NAME	MALLETT, MARTHA	Car accord	22 N		1		•		
STREET ADDRESS	4 SABINE DRIVE				ADDRESS				
CITY-ST-ZIP	PENSACOLA BEACH FL		2.4 CIT		1				
TITLE	ST ST	DELETE	3.1 T		31-211			Change	Addition
NAME	MALLETT, MARTHA		3.2 N	IAME					
STREET ADDRESS	4 SABINE DR.		3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA BCH. FL 32561		3.4. (CITY - S	ST-ZIP				
TITLE	D	☐ DELETE	4.1 T					Change	Addition
NAME	TIMMONS, MARGIE P.		4.21	NAME					
STREET ADDRESS	1209 CATHLEEN CIRCLE		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL 32581		4.4 C	ITY-S	T-ZIP	***************************************			
TITLE	PT	DELETE	5.1 T	ITLE				Change	Addition
NAME	WHEATLEY, DENISE		5.2 N	IAME]	·			
STREET ADDRESS	306 N SUNSET BLVD		5.3 S	TREET	ADDRESS [
CITY - ST - ZIP	GULF BREEZE FL 32581			TY-S	iT-ZIP				····
TITLE		DELETE	6.1 T					Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP	and a self that the information and the	d with this filling slope and a sec		ITY-S		nd in Costion 110 07/2/(i) Florido Statuto	. 6 adb		the

14. I do hereby certify that the information supplied with this filling 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.

STORAGUEL REQUIRED 5

Days Sty 934-3220