FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50547 (1)

1. Corporation Name

ESCAMBIA HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
ESCAMBIA HIGH SCHOOL 1310 65TH AVE PENSACOLA FL 32506	ESCAMBIA HIGH SCHOOL 1310 65TH AVE. PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☐

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEADMAN, EDDIE
,1310 65TH AVE.
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	SMITH, BARBARA	12 NAME	KEN HEFNER
STREET ADDRESS	5841 GROTTO AVE.	13 STREET ADDRESS	2010 Augusta Ave
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola Florida 32507
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	KELLEY, DEBRA	22 NAME	JANE MAKIN
STREET ADDRESS	701 N. 78TH AVE.	23 STREET ADDRESS	92 S. Madison Ave
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola Florida 32505
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	HOLLEY, W. DENNIS	32 NAME	
STREET ADDRESS	6524 COLONADE CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, STEPHANIE	42 NAME	000001473530
STREET ADDRESS	6522 COLONADE CIR.	43 STREET ADDRESS	-05/03/95--01108--009
CITY ST ZIP	PENSACOLA FL	44 CITY-ST ZIP	****130.00 ****130.00
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	COMBS, SYDNEY	52 NAME	
STREET ADDRESS	P.O. BOX 8018 N/A	53 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Sydney Combs Sydney Combs 4/24/95 904 469-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071110