

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90043 020 \*\*\*\*61.25

DOCUMENT # N50547

1. Corporation Name

ESCAMBIA HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

ESCAMBIA HIGH SCHOOL  
1310 65TH AVE.  
PENSACOLA FL 32506

Mailing Address

ESCAMBIA HIGH SCHOOL  
1310 65TH AVE.  
PENSACOLA FL 32506



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

08/25/1992

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLSWORTH, DOUGLAS  
1310 65TH AVE.  
PENSACOLA FL 32506

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 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

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

|                    |  |
|--------------------|--|
| DP                 | <input checked="" type="checkbox"/> DELETE |
| MAKIN, DENNIS      |  |
| 92 S. MADISON AVE. |  |
| PENSACOLA FL       |  |
| DV                 | <input checked="" type="checkbox"/> DELETE |
| DENNEY, DEBRA      |  |
| 5519 ESSEX CIR.    |  |
| PENSACOLA FL       |  |
| DV                 | <input checked="" type="checkbox"/> DELETE |
| ANDERSON, JOHN     |  |
| 10109 AULERON AVE  |  |
| PENSACOLA FL 32506 |  |
| DS                 | <input checked="" type="checkbox"/> DELETE |
| GAINES, CAROL      |  |
| 1510 ORA DR        |  |
| PENSACOLA FL 32506 |  |
| DT                 | <input checked="" type="checkbox"/> DELETE |
| OLSON, JOY         |  |
| 600 W BLOUNT ST    |  |
| PENSACOLA FL 32501 |  |
|                    | <input type="checkbox"/> DELETE            |

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | John Anderson DP      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | 444 Lowndes Ave       |  |
| 1.3 STREET ADDRESS | Pensacola FL 32507    |  |
| 1.4 CITY-ST-ZIP    |                       |  |
| 2.1 TITLE          | John Robinson DV 1st  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | 1901 Nicole ST        |  |
| 2.3 STREET ADDRESS | Pensacola FL 32507    |  |
| 2.4 CITY-ST-ZIP    |                       |  |
| 3.1 TITLE          | DV 2nd                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Nita McCary           |  |
| 3.3 STREET ADDRESS | 6001 Damara Lane      |  |
| 3.4 CITY-ST-ZIP    | Pensacola FL 32506    |  |
| 4.1 TITLE          | DS Brenda Wright      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | 16590 Perdido Key #3B |  |
| 4.3 STREET ADDRESS | Pensacola FL 32507    |  |
| 4.4 CITY-ST-ZIP    |                       |  |
| 5.1 TITLE          | OT                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | Hanson Kathy          |  |
| 5.3 STREET ADDRESS | 1000 S Fairfield #31  |  |
| 5.4 CITY-ST-ZIP    | Pensacola FL 32506    |  |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                       |  |
| 6.3 STREET ADDRESS |                       |  |
| 6.4 CITY-ST-ZIP    |                       |  |

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99 453-3221  
Date Daytime Phone #

CR2E037 (11/98)