

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004635 (9)
1. Corporation Name

PACE MIDDLE SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

Mailing Address

4085 NORRIS ROAD
PACE FL 32571
US

4085 NORRIS ROAD
PACE FL 32571
US

3. Date Incorporated or Qualified
10/07/1993

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3203161

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGGS, DAVID
4085 N NORRIS RD
PACE FL 32571

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

TITLE D ☒ DELETE
NAME ADKINSON, MAE
STREET ADDRESS 7470 DAYSPRING LN
CITY-ST-ZIP PACE FL 32571

TITLE D ☒ DELETE
NAME LOCKWOOD, DENECE
STREET ADDRESS 563 TWIN CREK CIRCLE
CITY-ST-ZIP PACE FL

TITLE D ☒ DELETE
NAME CLARK, TERESA
STREET ADDRESS 4244 SALLY ST
CITY-ST-ZIP PACE FL 32571

TITLE D ☒ DELETE
NAME HENRICHON, DAWN
STREET ADDRESS 3709 ANDREW JACKSON
CITY-ST-ZIP PACE FL 32571

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Henry Beiro
1.3 STREET ADDRESS 5265 Joanna Ter.
1.4 CITY-ST-ZIP Pace, FL 32571

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Jim Niedermayer
2.3 STREET ADDRESS 5164 Rowe Tr.
2.4 CITY-ST-ZIP Pace, FL 32571

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Dianne Heath
3.3 STREET ADDRESS 5336 E. Avenida de Golf
3.4 CITY-ST-ZIP Pace, FL 32571

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Tonya Pitts
4.3 STREET ADDRESS 272 Keyser Lane
4.4 CITY-ST-ZIP Pace, FL 32571

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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

Jim Niedermayer

8/5/96

904/995-4460

Date

Daytime Phone #

0017678

CR2E037 (3/96)