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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004669 (8)

1. Corporation Name

NORTH FORT MYERS HIGH BAND BOOSTERS, INC.



Principal Place of Business

Mailing Address

NORTH FORT MYERS HIGH SCHOOL
5000 ORANGE GROVE BLVD.
NORTH FORT MYERS FL 33903

NORTH FORT MYERS HIGH SCHOOL
5000 ORANGE GROVE BLVD.
NORTH FORT MYERS FL 33903

3. Date Incorporated or Qualified

10/15/1993

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAYUSA, MICHAEL F
1922 VICTORIA AVENUE
SUITE A
FT. MYERS FL 33901

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 DP ☒ DELETE
NAME TIBBLE, DAVID
STREET ADDRESS 1714 N.E. 1ST TERR
CITY-ST-ZIP CAPE CORAL FL 33909

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME KEVIN A. MORROW
1.3 STREET ADDRESS 905 POINSETT DR.
1.4 CITY-ST-ZIP N. FT. MYERS, FL. 33903

TITLE DV ☒ DELETE
NAME TURCOTTE, NORMAN
STREET ADDRESS 946 HAPPY CT
CITY-ST-ZIP NORTH FORT MYERS FL 33903

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME FREDERICK MICHAEL JARVIS
2.3 STREET ADDRESS 2217 SE 3RD ST.
2.4 CITY-ST-ZIP CAPE CORAL, FL. 33990

TITLE DV ☐ DELETE
NAME DUKESHIRE, CALVIN
STREET ADDRESS 986 TROPICAL PALM AVE.
CITY-ST-ZIP NORTH FT MYERS FL 33903

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS ☒ DELETE
NAME MORGAN, PATRICIA
STREET ADDRESS 5870 UNTERMEYER CT
CITY-ST-ZIP NORTH FORT MYERS FL 33903

4.1 TITLE DS ☒ Change ☐ Addition
4.2 NAME BETH ANN SALMON
4.3 STREET ADDRESS 1002 JOLLY RD.
4.4 CITY-ST-ZIP N. FT. MYERS, FL. 33903

TITLE DT ☐ DELETE
NAME KELNER, BRYAN J
STREET ADDRESS 1907 SE 5TH ST
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE D ☐ DELETE
NAME BONSALE, JOANNE
STREET ADDRESS 1718 S.E. 15 TERR.
CITY-ST-ZIP CAPE CORAL FL 33990

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 30/96

772-7436

Daytime Phone #

CR2E037 (12/95)