FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9300004669 (8)

NORTH FORT MYERS HIGH BAND BOOSTERS, INC.

Mailing Address

FILED Feb 28 1997 8:00am Secretary of State



5000 ORANGE G NORTH FORT M' 2. Principal Pla 21 Suite, Apt. # 22 City & State	YERS HIGH SCHOOL ROVE BLVD. YERS FL 33903 ce of Business	NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. NORTH FORT MYERS FL 33903-5231 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28				3. Date Incorporated or Or 10/15/1993 4. FEI Number 65-0478028 5. Certificate of Status Des 6. Election Campaign Fina Trust Fund Contribution	ired	3a. Date of Last Report 05/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees			
Zip	Zip	Cou	intry			8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29 30			Florida Statutes Yes Vo						
 	9. Name and Address of Current	Registered Agent		1 2 1		10. Name and Address of	New Reg	istered A	gent		
				81	Name						
KAYUSA,		82 Street Addre			Address (P.O. Box Number is Not A	cceptabl	le)				
1922 VIC' Suite A		83							· · · · · · · · · · · · · · · · · · ·		
	RS FL 33901										
F1. MISE	10 FL 30901			84	City			FL	85 Z	Zip Code	
office or repagent. I am	the provisions of Sections 617,0502 gistored agent, or both, in the State of familiar with, and accept the obligat tignature, typed or profited name of registered agent.	of Florida. Such change was ions of, Section 617.0503, Fl	authorize Iorida Sta	d by tutes	the cor	corporation submits this statement poration's board of directors. I herel	for the pu	t the appo	changin intment	ng its registered	3a 1
12.	OFFICERS AND		13.		1 0 9 -200	ADDITIONS/CHANGES T	O OFFICI		DIRECT	TORS IN 12	9
TITLE	DP	DELETE	1.1 T	ITLE		ÞP			Chan	ge 🔲 Additi	ion o
NAME	MORAOW, KEVIN A.		1.2 N	AME		MORROW, LEUIN 905 POINGSTIA	A.				1
STREET ADDRESS	905 DOINESTTIA DR		1.3 S	TREET	ADDRESS	905 POINGSTTIA	DR,				Š
CITY-ST-ZIP	n ft myers fl.		1.4 CIT		r-ZiP	N FT MYERS FL.	<u> 33903</u>	3			ؤ إ
TITLE	DV	☐ DELETE	2.1 T			·			Chan	ge [] Addit	ion
NAME	JARVI, FREDERICK MICH		2.2 N					4.			
STREET ADDRESS	217 SE 3RD ST				ADDRESS						
C(TY-ST-ZIP	CAPE CORAL FL DV	DELETE	2.4 C	CITY-S	T-ZIP				Chan	ge 🔲 Additi	ion
TITLE NAME	DUKESHIRE, CALVIN		3.1 I					'		An T VOUIT	, Jii
STREET ADDRESS	986 TROPICAL PALM AVE.				ADDRESS						
CITY-ST-ZIP	NORTH FT MYERS FL 33903		1	CITY-S							.
TITLE	DS	DELETE	4.1 T		1.5.				Chan	ge 🔲 Addit	ion
NAME	SALMON, BETH ANN		4.21	NAME							
STREET ADDRESS	1002 JOLLY RD		4.3 S	TREET	AODRESS						
CITY-ST-ZIP	N FT MYERS FL		4.4 C	ITY-S	F- ZIP						
TITLE	DT	DELETE	5.1 T	ITLE					☐ Chan	ge 🔲 Addit	ion
NAME	KELNER, BRYAN J		5.2 N	AME							
STREET ADDRESS	1907 SE 5TH ST		5.3 STREE		Address						
CITY-ST-ZIP	CAPE CORAL FL 33990			ITY - S	T-ZIP						3
THILE	D SONOTH TOWNE	☐ DÉLETE	6.1 T					1	☐ Chan	ge 🔲 Addit	ion
NAME	BONSALL, JOANNE		6.2 N								
STREET ADDRESS	1718 S.E. 15 TERR.				ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL 33990 certify that the information supplied	with this filing does not qual		ITY-S		tated in Section 119 07(3)(i) Florid	Statutos	Liuthar	cortificat	hat the	

4. I do 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 appaddress.

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lbruary 15/97 772-7436