

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. NORTH FORT MYERS FL 33903	Mailing Address NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. NORTH FORT MYERS FL 33903
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 10/15/1993	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 65-0478028	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KAYUSA, MICHAEL F 1922 VICTORIA AVENUE SUITE A FT. MYERS FL 33901	
---	--

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	MORAOW, KEVIN A.
STREET ADDRESS	905 PONESTTIA DR.
CITY-ST-ZIP	N FT MYERS FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	JARVI, FREDERICK MICH
STREET ADDRESS	217 SE 3RD ST
CITY-ST-ZIP	CAPE CORAL FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	DUKESHIRE, CALVIN
STREET ADDRESS	988 TROPICAL PALM AVE.
CITY-ST-ZIP	NORTH FT MYERS FL 33903
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	SALMON, BETH ANN
STREET ADDRESS	1002 JOLLY RD
CITY-ST-ZIP	N FT MYERS FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	KELNER, BRYAN J
STREET ADDRESS	1907 SE 5TH ST
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BONSALL, JOANNE
STREET ADDRESS	1718 S.E. 15 TERR.
CITY-ST-ZIP	CAPE CORAL FL 33990

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DP Bernard, Terry
3.3 STREET ADDRESS	1019 Loyely Ln
3.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McInnis, Gandi
4.3 STREET ADDRESS	5580 Bunham Ct
4.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	OT Davis, Sharon
5.3 STREET ADDRESS	5776 Inverness Cir.
5.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	OT Tyre, Loren
6.3 STREET ADDRESS	5954 Poetry Ct.
6.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ DATE **4/29/98**

CR2E037 (10/97)