FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # | N93000004669

NORTH FORT MYER'S 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

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90273 019 ****61.25



3. Date Incorporated or Qualifed

2. Principal Pl	ace of Business	2:	a. Mailing Address			 Date Incorporated or Qu 10/15/1993 	alifed			
21		26	<u> </u>							
Suite, Apt. 1	#, etc ·		Suite, Apt#, etc			4. FEI Number		<u> </u>	lied For	
22		27				65-0478028			Applicable	
City & State	•	28	City & State			5. Certifcate of Status Desi	red 🗆	\$8.75 A Fee Red		
Zip	¢	ountry	Zip	Country		6. Election Campaign Finar	ncing	\$5.00	May Be	
24	25 29 30			30	Trust Fund Contribution Added to Fees					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
KAYUSA, MICHAEL F			92	82 Street Address (P.O. Box Number is Not Acceptable)						
1922 VICTORIA AVENUE			02	62 Street Address (P.O. Box Number is Not Acceptable)						
				83						
SUITE A FT. MYERS FL 33901										
				84	City		FI			
11. Pursuant t	to the provisions o	f Sections 617.0502 and	617.1508, Florida Statute	s, the abov	-named corp	poration submits this statement foon's board of directors. I hereby	or the purpose of accept the appo	of changing its of pintment as rec	egistered i istered	
office or fe	egistered agent, di n familiar with, an	d accept the obligations	nda, Such change was au of, Section 617.0503, Flor	ida Statutes	e corporati	Dourd of directors. Thereby				
SIGNATURE	,						_			
SIGNATURE	Signature, typed or print	ed name of registered agent and tit	de if applicable. (NOTE:		it signature require	ed when reinstating)	DATE		20 11 10	
12.		OFFICERS AND DIF		13.	1	ADDITIONS/CHANGES T	O OFFICERS A			
TITLE	DP		☐ DELETE	1.1 TITLE				Change	Addition	
NAME	JARVI, FREDER	RICK MICH		1.2 NAME						
STREET ADDRESS	217 SE 3RD S	Τ		1.3 STREE	ADDRESS					
CITY-ST-ZIP	CAPE CORAL	FL		1.4 CITY-S	T-Z!P					
TITLE	DV	DELETE 2						Change	Addition	
NAME	BERMARD, T			2.2 NAME						
STREET ADDRESS	1019 LOVELY	LN 2.3			ADDRESS					
CITY-ST-ZIP					IT-ZIP					
TITLE	DS			3.1 TITLE				Change	Addition Addition	
NAME	MCINNIS, C	3.21		3.2 NAME						
STREET ADDRESS	5580 BUNHAM	: CT		1	ADDRESS					
ļ	N FT MYERS			3.4. CITY-5	İ					
City-St-ZIP	DT	L 00000	☐ DELETE	4.1 TITLE				Change	Addition	
	DAVIS, S			4.2 NAME	ļ					
NAME	5776 INVERNE	99 CID			T ADDRESS					
STREET ADDRESS	N FT MYERS			4.3 STREE						
CITY-ST-ZIP TITLE	DV	L 33503	[] DELETE	5.1 TITLE	1-45			☐ Change	☐ Addition	
	TYRE, L			5.2 NAME				_ •	_	
NAME	5954 POETRY	CT			T ADDRESS					
STREET ADDRESS				5.4 CITY- S	ŀ					
CITY-ST-ZÎP	N FT MYERS I	L 33903	DELETE	6.1 TITLE	, <u></u>			☐ Change	☐ Addition	
TITLE OF				6.2 NAME	1					
NAME					T 4 DDDEGG					
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				6.4 CITY-S	T-ZIP				i	

14. 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, option an attachment with an advices, with all other like empowered.

SIGNATURE: