

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004669

FILED
Apr 29, 2004
Secretary of State

Entity Name: NORTH FORT MYERS HIGH BAND BOOSTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0478028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FUSON, RICHARD
Address: 1906 SE 4TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: DVP () Delete
Name: BOLYARD, KIMBERLY
Address: 1833 S.E. 2ND TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: DT () Delete
Name: LAFOUNTAIN, JEANNE
Address: 3921 HIDDEN ACRES CIRCLE
City-St-Zip: FORT MYERS, FL 33903

Title: DS () Delete
Name: FUSON, LUCIE
Address: 1906 SE 4TH ST
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: WALSH, LORI
Address: 1054 SE 21 ST AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE LAFOUNTAIN

DT

04/29/2004

Electronic Signature of Signing Officer or Director

Date