


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**


06-13-2006 90001 034 \*\*\*\*61.25

<b>DOCUMENT # N93000004669</b>	
1. Entity Name <b>NORTH FORT MYERS HIGH BAND BOOSTERS, INC.</b>	

Principal Place of Business <b>NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. NORTH FORT MYERS, FL 33903</b>	Mailing Address <b>NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. NORTH FORT MYERS, FL 33903</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**50021367**



05022006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0478028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAYUSA, MICHAEL F. 1922 VICTORIA AVENUE SUITE A FT. MYERS, FL 33901		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

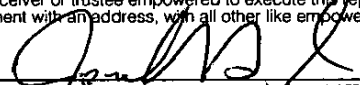
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUSON, RICHARD 1906 SE 4TH ST CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOSEPH HOPKINS 13 SE 14 AVENUE CAPE CORAL, FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOPKINS, JOE 13 SE 14TH AVENUE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TERI STANTON 1391 SOURWOOD CT. N. FT. MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BORING, CHRISTY 1319 NW 13TH AVENUE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FUSON, LUCIE 1906 SE 4TH ST CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DONNA WENZLAFF 1824 SE 12 STREET CAPE CORAL, FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **JOSEPH HOPKINS** **6/8/06** **(239) 458-7332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #