

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

06-25-2008 90009 015 \*\*\*\*61.25

**DOCUMENT # N93000004669**

1. Entity 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**

**40109086**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**65-0478028**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
FURLONGER, PHILIP ☐ Delete  
1807 SE 11 TERRACE  
CAPE CORAL, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
RIVERA, NELSON ☒ Delete  
1526 NE 4 TERRACE  
CAPE CORAL, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CARL SOBECK ☐ Change ☒ Addition  
129 NE 8TH PLACE  
CAPE CORAL, FL 33909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
WENZLAFF, DONNA ☐ Delete  
1824 SE 12TH STREET  
CAPE CORAL, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
WELCH, LINDA ☒ Delete  
3706 SW 12TH PLACE  
CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
ANDREA ROBINSON ☐ Change ☒ Addition  
323 NE 11th PLACE  
CAPE CORAL, FL 33909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Philip F. Furlonger* Philip F. Furlonger

6-20-08 239 218 2219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #