

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004752 (2)

1. Corporation Name

FORT KING MIDDLE SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

Mailing Address

545 NE 17TH AVE
OCALA FL 34470
US

1083 SE 56TH CT
OCALA FL 34471
US

3. Date Incorporated or Qualified
10/15/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

USA

9. Name and Address of Current Registered Agent

STERMER, ROBERT A
230 NE 25TH AVE
OCALA FL 34470

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EBERT, JULI
STREET ADDRESS 1083 SE 56TH CT
CITY-ST-ZIP Ocala FL
☒ DELETE

TITLE VD
NAME CURRY, HENRIETTA
STREET ADDRESS 3401 SE 16TH ST
CITY-ST-ZIP Ocala FL
☒ DELETE

TITLE S
NAME WORTHINGTON, CINDY
STREET ADDRESS 5601 NE 5TH PL
CITY-ST-ZIP OCWLAWAHA FL
☒ DELETE

TITLE TD
NAME SCHANK, BEBE
STREET ADDRESS 1822 NE 7TH ST
CITY-ST-ZIP Ocala FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Dianne H Weaver
1.2 NAME
1.3 STREET ADDRESS 410 NE 15th St
1.4 CITY-ST-ZIP Ocala, FL 34470
☒ Change ☐ Addition

2.1 TITLE VD Martin Wages
2.2 NAME
2.3 STREET ADDRESS 1437 S.E. 38th St
2.4 CITY-ST-ZIP Ocala, FL 34471
☒ Change ☐ Addition

3.1 TITLE SD Terri Gerardi
3.2 NAME
3.3 STREET ADDRESS 1506 S.E. 28th Court
3.4 CITY-ST-ZIP Ocala, FL 34471
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018855

CR2E037 (3/96)