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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9300

1. Corporation Name

N93000004752 (2)

FILED
May 13 1997 8:00am
Secretary of State

FORT I	KING MIDDLE SCHOOL E	BAND BOOSTER	S, INC,			
Principal Place	of Business	Mailing Addres	ss			T HORNINGS BUT HONDE COMIT SOUTH BOOMS CONTACT SOUTH SUBMIT HORSE CANADA LIGHT SHORT CONTACT SOUTH SUBMIT SHORT CONTACT SOUTH SUBMIT S
545 NE 17TH AVE OCALA FL 34470		OCALA FL 344	545 N.E. 17TH AVENUE OCALA FL 34470-6009			
U\$ 		US				3. Date Incorporated or Qualified 10/15/1993 3a. Date of Last Report 06/11/1996
-n ·	ace of Business	2a. Mailing Ad	dress			4. FEI Number NOT APPLICABLE Applied For Not Applicable
Suite, Apt. #	# nic	Suite, Apt.	# etc			
Deno, ript. W	1, 010.	27	w, 610.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State	9			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Т	Count	nu .	Trust Fund Contribution Added to Fees
1 .	25	29	}	30	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Curre			301		10. Name and Address of New Registered Agent
		······································		8	1 Name	
STERME	R, ROBERT A			<u> </u>	Street A	Address (P.O. Box Number is Not Acceptable)
	25TH AVE				<u></u>	bureas (1.0. box Number is Not Acceptable)
OCALA I	FL 34470			8	3	
				8	6 City	FL 85 Zip Code
		500 and 617 1600 Fto	side Diet de	e the ebo	VO pomod d	
1. Pursuant to	o the provisions of Sections 617.05	ouz and bir. 1906, Fluite of Florida, Such chi	rioa Statute	of the acc	you the corn	ovation's board of directors. I hereby accept the appointment as registered
IGNATURE _						
IGNATURE	Signature, typed or printed name of registered a					required when reinstating) DATE
IGNATURE	Signature, typed or printed name of registered a	agent and title if applicable		Registered A	peni signature i	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IGNATURE	Signature, typed or printed name of registered a OFFICERS A PD WEAVER, DIANNE H.	agent and title if applicable	(NOTE	: Registered A	geni signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IGNATURE S 2. TLE	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable	(NOTE	13. 1.1 TITLE	geni signature i	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition
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4. I do 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, or on an attachment with an address.

SIGNATURE: Cynthig of Printed Name of Bigning Officer on Mercel J. Memol: 4/18/94 (352) 694-6799