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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004752 (2)**

1. Corporation Name

FORT KING MIDDLE SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

**545 NE 17TH AVE
OCALA FL 34470
US**

Mailing Address

**545 N.E. 17TH AVENUE
OCALA FL 34470-0009
US**



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/15/1993

3a. Date of Last Report
06/11/1996

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE **PD**
NAME **WEAVER, DIANNE H.**
STREET ADDRESS **410 N.E. 15TH CT.**
CITY-ST-ZIP **OCALA FL**

TITLE **VD**
NAME **WAGES, MARTIN**
STREET ADDRESS **1437 S.E. 38TH CT.**
CITY-ST-ZIP **OCALA FL**

TITLE **SD**
NAME **GERADI, TERRI**
STREET ADDRESS **1506 S.E. 28TH COURT**
CITY-ST-ZIP **OCALA FL**

TITLE **TD**
NAME **SCHANK, BEBE**
STREET ADDRESS **1822 NE 7TH ST**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE **PD**
1.2 NAME **Craggs, Dan**
1.3 STREET ADDRESS **2160 NE 37 Street**
1.4 CITY-ST-ZIP **Ocala, FL 34479**

2.1 TITLE **VD**
2.2 NAME **Vincent Memoli/Cynthia Memoli**
2.3 STREET ADDRESS **2809 SE Ft. King Street**
2.4 CITY-ST-ZIP **Ocala, FL 34470**

3.1 TITLE **SD**
3.2 NAME **Debbie McKibbin**
3.3 STREET ADDRESS **210 SE 53 Court**
3.4 CITY-ST-ZIP **Ocala, FL 34471**

4.1 TITLE **TD**
4.2 NAME **Cynthia Memoli**
4.3 STREET ADDRESS **2809 SE Ft. King Street**
4.4 CITY-ST-ZIP **Ocala, FL 34470**

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

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

14. 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: Cynthia Memoli J. Memoli 4/28/97 (352) 694-6799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085808

CR2E037 (9/96)