


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004308 (2)**

1. Corporation Name

**GULF HIGH SCHOOL BAND BOOSTERS, INC.**



Principal Place of Business

Mailing Address

~~3553 WINDHAM DR.  
HOLIDAY FL 34691~~

~~P.O. BOX 1496  
ELFERS FL 34500-1496~~  
US

3. Date Incorporated or Qualified  
**08/29/1994**

3a. Date of Last Report  
**03/08/1996**

2. Principal Place of Business  
21 **5355 School Rd.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **Same.**  
Suite, Apt. #, etc.

4. FEI Number  
**59-3264710**

☒ Applied For  
☐ Not Applicable

22 City & State  
**New Port Richey, FL**

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip  
**34652**

28 Zip

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24 Country

29 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAROLO, JENNIFER  
3553 WINDHAM DR  
HOLIDAY FL 34691**

81 Name **Annette Zukunft**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5255 Bougenville Dr**  
83  
84 City **New Port Richey** FL 85 Zip Code **34652**

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

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

(NOTE: Registered Agent signature required when reinstating)

**6-6-97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUKUNFT, DAVA</b>	
STREET ADDRESS	<b>5255 BOUGENVILLA DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARLO, JENNIFER L</b>	
STREET ADDRESS	<b>3553 WINDHAM DR</b>	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUKUNFT, ANNETTE</b>	
STREET ADDRESS	<b>5255 BOUGENVILLA DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>Pres. - D</b>	<input type="checkbox"/> DELETE
NAME	<b>Mariou Resendas</b>	
STREET ADDRESS	<b>4003 Ashly Ct.</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34691</b>	
TITLE	<b>Secretary - T</b>	<input type="checkbox"/> DELETE
NAME	<b>Sherry Braz</b>	
STREET ADDRESS	<b>10120 Brandywine Lane</b>	
CITY-ST-ZIP	<b>Port Richey FL 34668</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

*Annette Zukunft*

**6-6-97**

CR2E037 (9/96)