

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005066 (5)

1. Corporation Name

RIVER RIDGE BAND & GUARD BOOSTERS, INC.

Principal Place of Business

11646 TOWN CENTER RD
NEW PORT RICHEY FL 34654

Mailing Address

11646 TOWN CENTER RD
NEW PORT RICHEY FL 34654



3. Date Incorporated or Qualified
10/13/1994

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

APPLIED FOR 59'3277858

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

9. Name and Address of Current Registered Agent

LINE, DENNIS L
11646 TOWN CENTER RD
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

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

83

300001883993

84 City

-07/03/96-01085-013

***61.25

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

TITLE ☐ DELETE

NAME LINE, DENNIS L
STREET ADDRESS 6023 HALIFAX DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☒ DELETE

NAME KOTTER, SHEILA
STREET ADDRESS 10131 CHIP LN
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☒ DELETE

NAME WILLIS, JIMMIE
STREET ADDRESS 6622 CATALPA DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☒ DELETE

NAME CURTIS, TERESA
STREET ADDRESS 7018 FALLBROOK CT
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ DELETE

NAME SAUNDERS, VICKIE
STREET ADDRESS 9540 BENNET LAKE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☒ DELETE

NAME COCHRAN, SIRETTA K
STREET ADDRESS 7240 AUBURN LN
CITY-ST-ZIP NEW PORT RICHEY FL 34654

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

1.1 TITLE

FEY, SUSAN

☒ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

8926 Gum Tree Ave.

1.4 CITY-ST-ZIP

New Port Richey, FL 34653

2.1 TITLE

GARGANO, BILL (P)

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

8721 Gum Tree Ave.

2.4 CITY-ST-ZIP

New Port Richey, FL 34653

3.1 TITLE

GARGANO, CAROL (T)

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

6721 Gum Tree Ave.

3.4 CITY-ST-ZIP

New Port Richey, FL 34653

4.1 TITLE

Remisiewicz, CAROL

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

9831 Delray DR.

4.4 CITY-ST-ZIP

New Port Richey, FL 34654

5.1 TITLE

CERKO, LINDA

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

6330 Governors Dr.

5.4 CITY-ST-ZIP

New Port Richey, FL 34655

6.1 TITLE

Wilson, Thomas (VP)

☐ Change

☒ Addition

6.2 NAME

6.3 STREET ADDRESS

7425 Sheldrake St.

6.4 CITY-ST-ZIP

New Port Richey, FL 34654

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

6-24-96

(813) 847-6701

Date Daytime Phone #

CR2E037 (12/95)