FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
APR
FILED

95 APR -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005718 (1)

1. Entity Name

OAK VIEW MIDDLE SCHOOL BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
701 S MAIN ST NEWBERRY FL 32669	701 S MAIN ST NEWBERRY FL 32669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1994

3a. Date of Last Report:

4. FEI Number: 59-3273529 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
22	27	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23	28	
Zip / Country	Zip / Country	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
24 / 25	29 / 30	

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
WILLIAMS, MICHAEL E 701 S MAIN ST NEWBERRY FL 32669	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Michael E Williams — Registered Agent — 4/1/95
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITION/CHANGE TO OFFICERS AND DIRECTORS (SEE #12)
TITLE	DP	☐ Change ☐ Addition
NAME	BURKS, KATHERINE	
STREET ADDRESS	9315 SW 99TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	DV	☐ Change ☐ Addition
NAME	SPIVY, TIM	
STREET ADDRESS	85 SW 1ST ST	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	DT	☐ Change ☐ Addition
NAME	PHILLIPS, GLENN	
STREET ADDRESS	19024 SW 13TH AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	DS	☐ Change ☐ Addition
NAME	SNOOK, CATHY	
STREET ADDRESS	180 SE 1ST LN	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with an asterisk.

SIGNATURE: Glenn Phillips — 4/26/95 — (904) 376 2461
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

GLENN PHILLIPS

0030207