

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 # N94000005718 (1)

1. Corporation 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**

3. Date Incorporated or Qualified
11/18/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3278529

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

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 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 617.0508, Florida Statutes.

SIGNATURE

Michael E. Williams

Michael E. Williams

6/30/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BURKS, KATHERINE	
STREET ADDRESS	9315 SW 99TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPIVY, TIM	
STREET ADDRESS	85 SW 1ST ST	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, GLENN	
STREET ADDRESS	19024 SW 13TH AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SNOOK, CATHY	
STREET ADDRESS	180 SE 1ST LN	
CITY-ST-ZIP	NEWBERRY FL 32689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DP
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DT Rogers, Belinda
33 STREET ADDRESS	2625 NW 162 St
34 CITY-ST-ZIP	Newberry, FL 32669
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DS Bennett, Markene
43 STREET ADDRESS	240 Hwy. 346 A
44 CITY-ST-ZIP	Archer, FL 32618
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DV Talita Wagner
53 STREET ADDRESS	16021 SW 59th Ave
54 CITY-ST-ZIP	Archer, FL 32618
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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:

Belinda L. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-96 (352) 472-3468

Date

Daytime Phone #

CR2E037 (12/95)