

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90095 030 ****61.25

DOCUMENT # N95000000908

1. Corporation Name

**PORT ST. LUCIE HIGH SCHOOL BAND BOOSTERS ASSOCIA
TION, INC.**

Principal Place of Business

Mailing Address

1201 S.E. JAGUAR LANE
PORT ST. LUCIE FL 34952

1201 S.E. JAGUAR LANE
PORT ST. LUCIE FL 34952



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

3. Date Incorporated or Qualified

02/23/1995

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

**FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
YOUNG, MIKE
123 NORTH NARANJA AVENUE
PORT ST. LUCIE FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ODELL, JEFF
877 S.E. CAVERN AVENUE
PORT ST. LUCIE FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LEVIN, SPENCER
3283 S.E. PINTO STREET
PORT ST. LUCIE FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HODGE, TERRY
4812 SEA GRAPE DRIVE
FORT PIERCE FL 34982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FALCONE, CINDY
2498 SNAPPER STREET
PORT ST. LUCIE FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARWOOD, TED
379 SE FAITH TERRACE
PORT ST. LUCIE FL 34983**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SPENCER LEVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99 561-336-2420

CR2F037-11/98