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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003903 (0)

1. Corporation Name

ROYAL REGIMENT BAND BOOSTERS, INC.



Principal Place of Business 6038 FOREST CREEK DRIVE BROOKSVILLE FL 34801	Mailing Address POST OFFICE BOX 10554 BROOKSVILLE FL 34803-0554
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3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 07/16/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3324036	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SASSER, DAVID C
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 34801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOTTMANN, ROBERT		1.2 NAME	
STREET ADDRESS 6038 FOREST CREEK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP BROOKSVILLE FL 34801		1.4 CITY-ST-ZIP	
TITLE VD Vice President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RESSEL, CINDY		2.2 NAME	
STREET ADDRESS 11117 CINDY DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP BROOKSVILLE FL 34801		2.4 CITY-ST-ZIP	
TITLE S Secretary	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAZINSKI, GWEN		3.2 NAME	
STREET ADDRESS 27088 WAKEFIELD DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP BROOKSVILLE FL 34802		3.4 CITY-ST-ZIP	
TITLE TD Treasurer	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOOD, THOMAS		4.2 NAME	
STREET ADDRESS 21423 POWELL RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP BROOKSVILLE FL 34809		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Robert Kottmann** **Robert Kottmann** 18-97 544-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069526

CR2E037 (9/96)