FILE-NOW: FILING-FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003903

1. Corporation Name

ROYALE REGIMENT BAND BOOSTERS, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90136 004 ****61.25

}								
Principal Place of Business Mailing Address								
200 EAST KELLY ST. P.O. BOX 10554 BROOKSVILLE FL 34601 BROOKSVILLE FL 34603-0554								
BHOOKSVILLE	: PL 34001	DHOOKSVILLE PL 34003-	((3)34	•				
2. Principal F	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualified		
21 26						08/14/1995		
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number Applied		
22 27						59-3324036 Not App. \$8.75 Addition		
City & State City & State					<u></u>	5. Certificate of Status Desired Fee Require		
Zip				intry		6. Election Campaign Financing \$5.00 May	Be	
24	25 29 30			Trust Fund Contribution Added to Fees			38	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 1 Name			
040000 04400								
SASSER, DAVID C 29 SOUTH BROOKSVILLE AVENUE				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
BROOKSVILLE FL 34601				83				
,				84	City	85 Zip Code		
44 5		1 047 4500 Florido Field		Ш	·	FL O	tered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida					the corporati	ion's board of directors. I hereby accept the appointment as register	ed	
		lions of, Section 617.0503, Fi	orida Stati	utes.				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered	Agent	t signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12 Addition	
TITLE NAME	PD FLASPETER, RUTH	L3 DECEIE	1.1 TF 1.2 N/			PD Grange C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS 3281 BATTEN RD.					ADDRESS 2	nava osage st.		
CITY-ST-ZIP	BROOKSVILLE FL 34602		1.4 CI	TY-ST		Prooksuille F1 34601		
TITLE	VD	☐ DELETE 2.1T		TLE.	_ 12	1 P	Addition	
NAME	CERTAL MATIONIE		2.2 N		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	blanda Munn 13046 Dewitt Dr.]	
STREET ADDRESS	OCC THE OFF BIT			ireet ITY-S1	10	Proofsuille Fl. 34601		
CITY-ST-ZIP							Addition -	
NAME	BARRADAS, MARY		3.2 N	ME	1			
STREET ADDRESS	31255 LANCEWOOD DR		3.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL	☐ DELETE	_	ITY-S1	T-ZIP	☐ Change	Addition	
NAME	TD Leko, Janet	F1 nere ie	4.1 TT 4.2 N)		,	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34601		1	TY-ST	ì			
TITLE		☐ DELETE	5.1 TT			☐ Change	Addition	
NAME			5.2 N/ 5.3 S1		ADDRESS			
STREET ADDRESS				TY-ST	- 1		1	
TITLE		☐ DELETE	6.1 π			Change.	Addition	
NAME			6.2 NA	ME	1			
STREET ADDRESS					ADDRESS		1	
CITY-ST-ZIP	<u> </u>		6.4 CI	TY-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 of chapter 617, Florida Statutes.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 19, 1999

Daytime Phone #