

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90032 044 ****61.25

DOCUMENT # N95000004760

1. Entity Name

LAKE REGION HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

1995 THUNDER ROAD
EAGLE LAKE FL

Mailing Address

POST OFFICE BOX 521
EAGLE LAKE FL 33839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3330314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEE, V. PATTON
108 EAST PARK STREET
AUBURNDALE FL 33823

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, CHRIS	
STREET ADDRESS	4221 THOMAS WOODS LANE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEGER, DAVID	
STREET ADDRESS	2423 WILDWOOD CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AYERS, SHIRLEY	
STREET ADDRESS	5942 CRYSTAL BEACH RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CASIDY, DAVID	
STREET ADDRESS	700 PINNER CT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK Loutzenhiser	
STREET ADDRESS	1215 Helena Rd.	
CITY-ST-ZIP	WINTER HAVEN, FL. 33884	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick PARNELL	
STREET ADDRESS	304 LANCEOLATE DR	
CITY-ST-ZIP	WINTER HAVEN, FL. 33880	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Worthington	
STREET ADDRESS	521 S. 7th ST.	
CITY-ST-ZIP	EAGLE LAKE, FL. 33839	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Wilson	
STREET ADDRESS	25 TERALANE S.W.	
CITY-ST-ZIP	WINTER HAVEN, FL. 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mike Wilson* *Mike Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 *863-557-0233*

Date

Daytime Phone #