

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000003809 (8)**

1. Corporation Name

CYPRESS LAKE MIDDLE SCHOOL BAND BOOSTERS, INCORPORATED

Principal Place of Business

Mailing Address

**8901 CYPRESS LAKE DR
FT MYERS FL 33919****8901 CYPRESS LAKE DR
FT MYERS FL 33919-5045**3. Date Incorporated or Qualified
07/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUFTER, STEPHEN T
3000 IMMOKALEE RD
SUITE F
NAPLES FL 33999**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**~~PRESIDENT~~ - P/D
JILL GOODMAN
490 OLD TRAIL ROAD
SANIBEL, FL 33957**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**~~TREASURER~~ T/D
KAREN HALVERSON
9253 KINCAID COURT
SANIBEL, FL 33957**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**~~SECRETARY~~ S/D
LINDA ASHTON-TRAVIS
3405 NEW S PROVINCE BLVD #3
FORT MYERS, FL 33907**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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:

REQUIRED

4/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 00000000

CR2E037 (9/96)