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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004858 (4)**

1. Corporation Name

LAND O'LAKES HIGH SCHOOL BAND & GUARD BOOSTERS, INC.

Principal Place of Business	Mailing Address
16011 NEBRASKA AVENUE NORTH. SUITE 107 LUTZ FL 33549	16011 NEBRASKA AVENUE NORTH. SUITE 107 LUTZ FL 33549-6158

3. Date Incorporated or Qualified: 09/18/1996
3a. Date of Last Report:

2. Principal Place of Business
21 LAND O'LAKES High School
Suite, Apt. #, etc.
22 20325 GATOR LANE
City & State
23 LAND O'LAKES, FL
Zip 24 34639 Country 25 USA

2a. Mailing Address
26 P.O. Box 1928
Suite, Apt. #, etc.
27
City & State
28 LAND O'LAKES, FL
Zip 29 34639 Country 30 USA

4. FEI Number: ☒ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COUNTRYMAN, JOHN A
16011 NEBRASKA AVENUE NORTH, SUITE 107
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: WALTER HANSEN
82 Street Address (P.O. Box Number is Not Acceptable): 8409 Lando' Lakes Blvd.
83
84 City: Land O' Lakes FL 85 Zip Code: 34639

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] K. Hansen 30 Apr 97
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POST, DENISE		1.2 NAME		
STREET ADDRESS	20415 MOSS BEND CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PHILLIPS, RICHARD		2.2 NAME	Will Neubauer	
STREET ADDRESS	21525 NORTHWOOD DRIVE		2.3 STREET ADDRESS	3736 Parkway Blvd.	
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP	Land O'Lakes, Fl 33549	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, JAN		3.2 NAME	900002195529	
STREET ADDRESS	16011 NEBRASKA AVENUE NORTH, SUITE 107		3.3 STREET ADDRESS	-05/30/97--01104--017	
CITY-ST-ZIP	LUTZ FL 33549		3.4 CITY-ST-ZIP	****61.25	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	TANNOUS, GLORIA		4.2 NAME	Audrey Accetta	
STREET ADDRESS	22338 WEEKS BLVD.		4.3 STREET ADDRESS	7303 Drifting Sand Dr.	
CITY-ST-ZIP	LAND O'LAKES FL 34639		4.4 CITY-ST-ZIP	Wesley Chapel, Fl. 33544	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	MAFFEO, SUSAN		5.2 NAME	Kathy Neubauer	
STREET ADDRESS	24039 TIMBERSET COURT		5.3 STREET ADDRESS	3736 Parkway Blvd.	
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP	LAND O'LAKES, Fl. 33549	
TITLE	SD	☒ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	BROOKS, NANCY		6.2 NAME	Gail Curtiss	
STREET ADDRESS	19410 LELAND AVENUE		6.3 STREET ADDRESS	23933 Forest View Dr.	
CITY-ST-ZIP	SPRING HILL FL 34610		6.4 CITY-ST-ZIP	LAND O'LAKES, Fl. 33549	

CR2E037 (9/96)

5-16-97

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: Denise D. Post President 4/30/97 949-2237
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #