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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004858

1. Corporation Name

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

Principal Place of Business

PO BOX 1928
LAND O LAKES FL 34639

Mailing Address

PO BOX 1928
LAND O LAKES FL 34639



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

59-3403167

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

9. Name and Address of Current Registered Agent

HANSEN, WALTER
8409 LAND O LAKES BLVD
LAND O LAKES FL 34639

10. Name and Address of New Registered Agent

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 Walter V. Hansen III
Signature, typed or printed name of registered agent and title if applicable.

WALTER V. HANSEN III
(NOTE: Registered Agent signature required when reinstating)

11 Jan '99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME NEUBAUER, WILL
STREET ADDRESS 3736 PARKWAY BLVD
CITY-ST-ZIP LAND O' LAKES FL 33549

TITLE VD ☐ DELETE
NAME HORVATH, MARY JOYCE
STREET ADDRESS 22224 SHORESIDE DR
CITY-ST-ZIP LAND O LAKES FL 33549

TITLE TD ☐ DELETE
NAME KUBIK, CINDY
STREET ADDRESS 18721 GOODMAN DR
CITY-ST-ZIP SPRING HILL FL 34610

TITLE SD ☐ DELETE
NAME NEUBAUER, KATHY
STREET ADDRESS 3736 PARKWAY BLVD.
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE SD ☐ DELETE
NAME CURTISS, GAIL
STREET ADDRESS 23933 FORESTVIEW DRIVE
CITY-ST-ZIP LAND O LAKES FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME HORVATH, MARY JOYCE
1.3 STREET ADDRESS 22224 SHORESIDE DR
1.4 CITY-ST-ZIP LAND O'LAKES, FL 33549

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME MONTIGNY, RACHEL
2.3 STREET ADDRESS 1030 COUNTRY CLOS2
2.4 CITY-ST-ZIP Lutz, FL 33549

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME BRAND, BARBARA
4.3 STREET ADDRESS 1433 WINDJAMMER
4.4 CITY-ST-ZIP Lutz, FL 33549

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME GOVEY, PAM
5.3 STREET ADDRESS 4904 THORNBRIAR PL.
5.4 CITY-ST-ZIP LAND O LAKES, FL 34639 SD

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy SIGNATURE REQUIRED: K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

813-9963633

Daytime Phone #

CR2E037 (11/98)