

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90058 039 ****61.25

DOCUMENT # N96000005923

1. Corporation Name

KANAPAH BAND BOOSTERS, INCORPORATED

Principal Place of Business
5005 S.W. 75TH STREET
GAINESVILLE FL 32608

Mailing Address
5005 S.W. 75TH STREET
GAINESVILLE FL 32608



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3425270	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	

9. Name and Address of Current Registered Agent

LOWRY, JOSEPH E
C/O KANAPAH MIDDLE SCHOOL
5005 S.W. 75TH STREET
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name
GERALD POE, D.M.A.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Kanapah Middle School
83
5005 S. W. 75th STREET
84 City
GAINESVILLE FL 85 Zip Code
32608

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 Gerald Poe /GERALD POE, D.M.A.

April 28, 1999

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	D	1.1 TITLE	V/D
NAME	CABELL, DAVID M	1.2 NAME	GRUVER, PATRICIA
STREET ADDRESS	8624 SW 45TH BLVD	1.3 STREET ADDRESS	203 NW 123rd Street
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	Newberry, FL 32669
TITLE	S	2.1 TITLE	S
NAME	BERRY, CATHY	2.2 NAME	SIMPSON, ROBIN
STREET ADDRESS	2012 SW 75TH TERRACE	2.3 STREET ADDRESS	9932 SW 54th Lane
CITY-ST-ZIP	GAINESVILLE FL 32607	2.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	T	3.1 TITLE	T
NAME	WILSON, DAVID C	3.2 NAME	GIEL, MELINDA E.
STREET ADDRESS	2119 SW 78TH TERRACE	3.3 STREET ADDRESS	7908 NW 2nd Court
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE	D	4.1 TITLE	P/D
NAME	OLIVENBAUM, MELISSA	4.2 NAME	OLIVENBAUM, MELISSA
STREET ADDRESS	1005 SW 15TH PLACE	4.3 STREET ADDRESS	10005 SW 15th Place
CITY-ST-ZIP	GAINESVILLE FL 32607	4.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE		5.1 TITLE	D
NAME		5.2 NAME	WILSON, PAM
STREET ADDRESS		5.3 STREET ADDRESS	2119 SW 78th Terrace
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

MELINDA E. GIEL, Treasurer

4/28/99

(352) 332-8462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)