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Apr 09 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 # N96000005938 (3)

1. Corporation Name

HAWTHORNE MIDDLE-HIGH SCHOOL PARENT BAND BOOSTER  
S, INC.

Principal Place of Business

Mailing Address

P.O. BOX 782  
HAWTHORNE FL 32640

P.O. BOX 782  
HAWTHORNE FL 32640-0782



3. Date Incorporated or Qualified  
11/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-3412082

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

10. Name and Address of New Registered Agent

LOVELL, BECKY  
RT. 3 BOX 288A  
HAWTHORNE FL 32640

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 PD  
NAME LOVELL, BECKY  
STREET ADDRESS RT 3 BOX 288A  
CITY-ST-ZIP HAWTHORNE FL 32640

☐ DELETE

TITLE VD  
NAME STALVEY, EVA  
STREET ADDRESS RT 3 BOX 57N  
CITY-ST-ZIP HAWTHORNE FL 32640

☐ DELETE

TITLE SD  
NAME MORRIS, RUTH  
STREET ADDRESS 6801 NW 33RD ST  
CITY-ST-ZIP GAINESVILLE FL 32641

☐ DELETE

TITLE TD  
NAME WEST, SUZANNE  
STREET ADDRESS P.O. BOX 759  
CITY-ST-ZIP HAWTHORNE FL 32640

☐ DELETE

TITLE D  
NAME LANGLAND, DONALD  
STREET ADDRESS 1706 N.W. 27TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32605

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 17424 SE Co Rd 2082  
1.4 CITY-ST-ZIP Hawthorne, FL 32640

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 17606 SE 24th St  
2.4 CITY-ST-ZIP Hawthorne FL 32640

☐ Change

☒ Addition

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

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 4925 SE 193rd Terrace  
4.4 CITY-ST-ZIP Hawthorne FL 32640

☐ Change

☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 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.

CR2E037 (9/96)