

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
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90045 044 ****61.25

DOCUMENT # N96000005938

1. Corporation Name

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

Principal Place of Business

P.O. BOX 782
HAWTHORNE FL 32640

Mailing Address

P.O. BOX 782
HAWTHORNE FL 32640



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/18/1996

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

9. Name and Address of Current Registered Agent

LOVELL, BECKY
RT. 3 BOX 268A
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

17424 SE CO RD 2082

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 *X Becky Lovell*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LOVELL, BECKY
STREET ADDRESS 17424 SE CORD 2082
CITY-ST-ZIP HAWTHORNE FL

TITLE VD ☒ DELETE

NAME STALVEY, EVA
STREET ADDRESS 17606 SE 24TH STREET
CITY-ST-ZIP HAWTHORNE FL

TITLE TD ☐ DELETE

NAME WEST, SUZANNE
STREET ADDRESS 4925 SE 193RD TERR
CITY-ST-ZIP HAWTHORNE FL

TITLE D ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD
Sharon Surrency
11215 SE 223 Terr
Hawthorne FL 32640

D
Jason Millott
2601 NW 23 Blvd
Gainesville FL 32605-2979

SD
Deborah Brown
7307 NE 179 St
Hawthorne FL 32640

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: *Suzanne West* **Suzanne West**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3-9-99

Date

481-3395

Daytime Phone #

0012023

CR2E037 (4/1/98)