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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001208 (4)**

1. Corporation Name

VANGUARD BAND BOOSTERS, INC.

Principal Place of Business

**7 NORTHWEST 28TH STREET
OCALA FL 34475**

Mailing Address

**7 NORTHWEST 28TH STREET
OCALA FL 34475**

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

59-3428486

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRADDON, ALONZO
7 NORTHWEST 28TH STREET
OCALA FL 34475**

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, to 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

Alonzo Braddon
Signature, typed or printed name of registered agent and title if applicable

Alonzo Braddon

(NOTE: Registered Agent signature required when reinstating)

2-23-98

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P D
WHYTE, GLENDA
1509 NW 19TH AVENUE
OCALA FL 34475**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V D
SIMONS, DEBBIE
2590 NE 48TH LANE
OCALA FL 34479**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PARL D
HANSON, KENNETH
2120 NE 58TH STREET
OCALA FL 34479**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

Kenneth Hanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH HANSON

2-23-98

352-861-9777
Date Daytime Phone # 0000000000

CR2E037 (10/97)