

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90025 005 ****61.25

DOCUMENT # N97000001208

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

59-3428486

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

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, 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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-7-99

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME WHYTE, GLENDA
STREET ADDRESS 1509 NW 19TH AVENUE
CITY-ST-ZIP Ocala FL 34475
☒ DELETE

TITLE VD
NAME SIMONS, DEBBIE
STREET ADDRESS 2590 NE 46TH LANE
CITY-ST-ZIP Ocala FL 34479
☒ DELETE

TITLE PARD
NAME HANSON, KENNETH
STREET ADDRESS 2120 NE 58TH STREET
CITY-ST-ZIP 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 Pd
1.2 NAME CHUCK TROUT
1.3 STREET ADDRESS 5095 NE 9th St.
1.4 CITY-ST-ZIP Ocala, FL 34470
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME George Timmis
2.3 STREET ADDRESS 2531 NE 3rd Ave
2.4 CITY-ST-ZIP Ocala, FL 34470
☒ Change ☐ Addition

3.1 TITLE TD
3.2 NAME Kathleen Kohlweiss
3.3 STREET ADDRESS 3151 NW 44th Ave #171
3.4 CITY-ST-ZIP Ocala, FL 34482
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ 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 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

6/7/99 352-690-6161

CR2E037 (11/98)

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