FILED
Feb 24, 2003 8:00 am
Secretary of State
02-07-2003 90095 048 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N97000002798

1. Entity Name
BELL BAND BOOSTERS, INC.

Principal Place of Business
930 S MAIN STREET
BELL FL 32619

Mailing Address
P.O. BOX 345
BELL FL 32619

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3447952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOORE, CORNELIA S
HC4 BOX 454-2
OLD TOWN FL 32680

7. Name and Address of New Registered Agent
Name Rhonda R. Thomas
Street Address (P.O. Box Number is Not Acceptable)
809 S. main St.
City Bell FL Zip Code 32619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rhonda R. Thomas
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	☒ Delete
NAME	MAHONEY, MARSHA	
STREET ADDRESS	6859 NW 35TH ST	
CITY-ST-ZIP	BELL FL 32619	
TITLE	T	☒ Delete
NAME	FOWLER, DEANNA	
STREET ADDRESS	2189 SE 4TH CRT	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	S	☒ Delete
NAME	AUDLEY, MARIANNE	
STREET ADDRESS	1869 SE 22ND PL	
CITY-ST-ZIP	BELL FL 32619	
TITLE	SD	☒ Delete
NAME	MOORE, CORNELIA S	
STREET ADDRESS	HC-4 BOX 452	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President-	☐ Change ☒ Addition
NAME	Bailey, Joe	
STREET ADDRESS	5719 NE 90th Ave	
CITY-ST-ZIP	High Springs Fl. 32643	
TITLE	VP	☐ Change ☒ Addition
NAME	Jean Anne Cannon	
STREET ADDRESS	3500 NE 71st Ave	
CITY-ST-ZIP	High Springs Fl. 32643	
TITLE	V-P D	☐ Change ☒ Addition
NAME	Cindy Scott	
STREET ADDRESS	6800 NE 65th St.	
CITY-ST-ZIP	High Springs, Fl. 32643	
TITLE	Treasurer D	☐ Change ☒ Addition
NAME	Rhonda R. Thomas	
STREET ADDRESS	5280 SW 7th Pl.	
CITY-ST-ZIP	Bell, Fl. 32619	
TITLE	Secretary-D	☐ Change ☒ Addition
NAME	Theresea Brown	
STREET ADDRESS	2150 NW 30th St.	
CITY-ST-ZIP	Bell, Fl. 32619	
TITLE	Vol-coordinator	☐ Change ☒ Addition
NAME	Adele Smith	
STREET ADDRESS	PO Box 3267	
CITY-ST-ZIP	High Springs Fl. 32643	

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rhonda R. Thomas RHONDA R. THOMAS 2-5-03 352-463-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #