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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N98000004477 ✓

1. Corporation Name

WILDCAT BAND BOOSTERS, INC.

Principal Place of Business
 10600 OKEECHOBEE BLVD.
 ROYAL PALM BEACH FL 33411

Mailing Address
 10600 OKEECHOBEE BLVD.
 ROYAL PALM BEACH FL 33411

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0885251	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLBORN, YVONNE 10600 OKEECHOBEE BLVD. ROYAL PALM BEACH FL 33411		81 Name DENISE E. ARMAND 82 Street Address (P.O. Box Number is Not Acceptable) 10600 Okeechobee Boulevard 83 84 City Royal Palm Beach FL 85 Zip Code 33411	

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 *Denise E. Armand* *DENISE E. ARMAND* 8/24/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	1.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, RICHARD	1.2 NAME	
STREET ADDRESS	10551 FASCINATION LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33421	1.4 CITY-ST-ZIP	
TITLE	V D	2.1 TITLE	☐ Change ☒ Addition
NAME	ARMAND, DENISE	2.2 NAME	ROMANO, CINDI
STREET ADDRESS	1838 ABBEY ROAD K-103	2.3 STREET ADDRESS	103 GREENWOOD PLACE
CITY-ST-ZIP	WEST PALM BEACH FL 33415	2.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	S D	3.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, KATHY	3.2 NAME	
STREET ADDRESS	10551 FASCINATION LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	3.4 CITY-ST-ZIP	
TITLE	T D	4.1 TITLE	☐ Change ☐ Addition
NAME	SANFILIPO, DEBI	4.2 NAME	
STREET ADDRESS	112 MIRAMAR PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	4.4 CITY-ST-ZIP	
TITLE	RA D	5.1 TITLE	☐ Change ☐ Addition
NAME	DENISE E. ARMAND	5.2 NAME	
STREET ADDRESS	1838 Abbey Road-K-103	5.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33415	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Richard A. Conner* Date 7/14/99 Daytime Phone # 561-333-3900
Denise E. Armand 8/24/99
 DENISE E. ARMAND

CR2E037 (5/99)