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Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90004 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006897

1. Corporation Name

LELY MUSIC BOOSTERS, INC.

Principal Place of Business

 LELY HIGH SCHOOL
 1 LELY HIGH SCHOOL BLVD.
 NAPLES FL 34113

Mailing Address

 LELY HIGH SCHOOL
 1 LELY HIGH SCHOOL BLVD.
 NAPLES FL 34113

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

12/08/1998

4. FEI Number

☒ 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

8. Name and Address of Current Registered Agent

 CLEMENT, JANICE T ESQ.
 385 THIRTEENTH AVENUE SOUTH
 NAPLES FL 34102

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	WARD, RENATE	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CETO, RICHARD	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, ALICIA	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CADE, DONALD	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DIANE	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HART, BEAD	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HS BLVD	
CITY-ST-ZIP	NAPLES FL 34113	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIM Stricklan	
1.3 STREET ADDRESS	LELY HS, 1 Lely HS Blvd	
1.4 CITY-ST-ZIP	NAPLES FL 34113	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOYCE HERBERT	
3.3 STREET ADDRESS	LELY HS 1 LELY BLVD	
3.4 CITY-ST-ZIP	NAPLES FL 34113	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

Date

Daytime Phone #

CR2E037 (5/99)