

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003494**

1. Corporation Name

Sebastian River High School Band Boosters, Inc.

Principal Place of Business

Mailing Address

9001 90th Avenue, Sebastian, FL 32958

3. Date Incorporated or Qualified
7/24/95

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Virginia M. Wetherald
8476 75th Ct.
Vero Beach, FL 32967 US**

81 Name
Carl B. Hancock
82 Street Address (P.O. Box Number is Not Acceptable)
9001 90th Avenue

84 City
Sebastian **FL** 85 Zip Code
32958

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

Carl B. Hancock

Carl B. Hancock

3/4/96

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	President/Director	<input checked="" type="checkbox"/> DELETE
NAME	Walter Pearson	
STREET ADDRESS	103 Nebraska Circle	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	Vice-President/Director	<input checked="" type="checkbox"/> DELETE
NAME	Thane E. Trujillo	
STREET ADDRESS	145 Empire Terrace	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> DELETE
NAME	Dana H. Brumley	
STREET ADDRESS	4740 69th St.	
CITY-ST-ZIP	Winter Park, FL 32971	
TITLE	Treasurer/Director	<input checked="" type="checkbox"/> DELETE
NAME	Virginia M. Wetherald	
STREET ADDRESS	8476 75th Ct.	
CITY-ST-ZIP	Vero Beach, FL 3267	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patrick Morgan	
1.3 STREET ADDRESS	511 SW Citrus Avenue	
1.4 CITY-ST-ZIP	Sebastian, FL 32958	
2.1 TITLE	Vice-President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kevin Kershner	
2.3 STREET ADDRESS	686 Helicon Terrace	
2.4 CITY-ST-ZIP	Sebastian, FL 32958	
3.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Judy Sorrell	
3.3 STREET ADDRESS	101 S. Wimbrow Drive	
3.4 CITY-ST-ZIP	Sebastian, FL 32958	
4.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Janet Santos	
4.3 STREET ADDRESS	18 S. Cypress St.	
4.4 CITY-ST-ZIP	Fellsmere, FL 32948	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001739268	
5.3 STREET ADDRESS	-03/12/96--01011--010	
5.4 CITY-ST-ZIP	***61.25	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patrick Morgan

Patrick Morgan, President **3/4/96**

407-564-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

Patrick Morgan
3/11/96