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FILED
Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N9500003494
1. Corporation Name
SEBASTIAN RIVER HIGH SCHOOL
BAND BOOSTERS, INC.

Principal Place of Business Mailing Address
9001 90th Ave 9001 90th Ave
SEBASTIAN, FL SEBASTIAN, FL
32967 32967

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report
JULY 24, 1995

4. FEI Number Applied For
31-1466575 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
CARL B. HANCOCK
9001 90th AVE
SEBASTIAN, FLORIDA
32967

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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, BAND DIRECTOR APRIL 7, 1997
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 (D) <input type="checkbox"/> DELETE
NAME	PATRICK MORGAN
STREET ADDRESS	511 CITRUS AVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VICE PRESIDENT (D) <input type="checkbox"/> DELETE
NAME	STEPHEN FULLER
STREET ADDRESS	229 SO. HICKORY ST.
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	SECRETARY (D) <input type="checkbox"/> DELETE
NAME	MARY ELLEN HODGE
STREET ADDRESS	122 CONOVER AVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	TREASURER (D) <input type="checkbox"/> DELETE
NAME	BETH MELAGRANO
STREET ADDRESS	338 CITRUS AVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	CHAPERONE CHAIRPERSON (D) <input type="checkbox"/> DELETE
NAME	TERRI WUNDERLICH
STREET ADDRESS	673 BADGER ST.
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	WAYS AND MEANS COMMITTEE CHAIRPERSON (D) <input type="checkbox"/> DELETE
NAME	MARY KNIEF
STREET ADDRESS	8536 97th AVE
CITY-ST-ZIP	VERO BEACH, FL 32967

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: *Patrick W. Morgan* PRESIDENT Date: 4-7-97
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 561-589-8033

CR2E037 (9/96)