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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000003494 (0)  
1. Corporation Name  
SEBASTIAN RIVER HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business: 9001 90TH AVE. SEBASTIAN FL 32958  
Mailing Address: 9001 90TH AVE. SEBASTIAN FL 32958

3. Date Incorporated or Qualified: 07/24/1995  
4. FEI Number: ~~311480575~~ 59-3367500  
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  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
HANCOCK, CARL B  
9001 90TH AVE.  
SEBASTIAN FL 32958

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

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* DATE: 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORGAN, PATRICK 511 SW CITRUS AVE. SEBASTIAN FL 32958	1.1 TITLE	PD Steve Fuller 229 S. Hickory St. Fellsmere, FL 32948
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD FULLER, STEPHEN 229 SO. HICKORY ST. FELLSMERE FL 32948	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HODGE, MARY ELLEN 122 CONOVER AVE. SEBASTIAN FL 32958	3.1 TITLE	SD Mary Grace Hektner 9001 90th Ave. Sebastian, FL 32958
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD MELAGRANO, BETH 338 CITRUS AVE. SEBASTIAN FL 32958	4.1 TITLE	TD Beth Melagrano 9001 90th Ave. Sebastian, FL 32958
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD WUNDERLICH, TERRI 673 BADGER ST. SEBASTIAN FL 32958	5.1 TITLE	CD Andrea Scarpa 9001 90th Ave. Sebastian, FL 32958
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	CD KNIEF, MARY 8536 97TH AVE. VERO BEACH FL 32967	6.1 TITLE	CD Andy Rogers 9001 90th Ave. Sebastian, FL 32958
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

SIGNATURE: *Beth Melagrano* DATE: 4/28/98 DAYTIME PHONE: 561-589-6818

CR2E037 (10/97)