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**May 07, 1999 8:00 am**  
**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 # N95000003494

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/24/1995	
22	City & State	27	City & State	4. FEI Number 31-1466575	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANCOCK, CARL B 9001 90TH AVE. SEBASTIAN FL 32958				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<i>Eric M. Allen</i>		
				84	City	85	Zip Code
Sebastian		FL 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: Eric M. Allen, Director DATE: 4/27/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD FULLER, S	1.1 TITLE	President
NAME	229 S HICKORY ST	1.2 NAME	Terri Wunderlich
STREET ADDRESS	FELLSMERE FL 32948	1.3 STREET ADDRESS	673 Badger Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	SD HEKTNER, M G	2.1 TITLE	Vice President
NAME	9001 90TH AVE	2.2 NAME	Rich Votopka
STREET ADDRESS	SEBASTIAN FL 32958	2.3 STREET ADDRESS	8405 75th Ct.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	TD MELAGRANO, BETH	3.1 TITLE	Treasurer
NAME	9001 90TH AVE	3.2 NAME	Barbara Culbertson
STREET ADDRESS	SEBASTIAN FL 32958	3.3 STREET ADDRESS	1371 Whitmore Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	CD SCARPA, A	4.1 TITLE	Secretary
NAME	9001 90TH AVE	4.2 NAME	Cathy Bouyssou
STREET ADDRESS	SEBASTIAN FL 32958	4.3 STREET ADDRESS	271 10th Ct.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	CD ROGERS, A	5.1 TITLE	
NAME	9001 90TH AVE	5.2 NAME	
STREET ADDRESS	SEBASTIAN FL 32958	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Barbara Culbertson REQUIRED Barbara Culbertson DATE: 4/27/99 DAYTIME PHONE #: 561-388-1134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)