


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000003494
 1. Entity Name
 SEBASTIAN RIVER HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business: 9001 SHARK BLVD. SEBASTIAN, FL 32958
 Mailing Address: 9001 SHARK BLVD. SEBASTIAN, FL 32958

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09252004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 31-1466575 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GALE, CINDY
 104 OGDEN AVENUE
 SEBASTIAN, FL 32958

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Cindy Gale* (NOTE: Registered Agent signature required when reappointing)
 DATE: 8/24/04

Filing Fee is \$61.25 Due by September 8, 2004
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DONAHEY, ROBIN
STREET ADDRESS	322 QUARRY LANE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	T
NAME	GALE, CINDY
STREET ADDRESS	104 OGDEN AVENUE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	S
NAME	ANTONELLIS, MARILYN
STREET ADDRESS	1682 LAUNIA ST.
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VP
NAME	SHINN, KAY
STREET ADDRESS	11975 10TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/27/04-80002-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cindy Gale* *Cindy Gale* 8/24/04 772-589-8825
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #