

FILED
Aug 30, 1999 8:00 am
Secretary of State

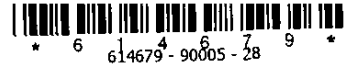
08-30-1999 90004 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000006897

1. Corporation Name
LELY MUSIC BOOSTERS, INC.

Principal Place of Business LELY HIGH SCHOOL 1 LELY HIGH SCHOOL BLVD. NAPLES FL 34113	Mailing Address LELY HIGH SCHOOL 1 LELY HIGH SCHOOL BLVD. NAPLES FL 34113
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/08/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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	
CLEMENT, JANICE T ESQ. 385 THIRTEENTH AVENUE SOUTH NAPLES FL 34102		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, RENATE	1.2 NAME	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	1.3 STREET ADDRESS	P KIM Stricklan
CITY-ST-ZIP	NAPLES FL 34113	1.4 CITY-ST-ZIP	LELY HS, 1 Lely HS Blvd NAPLES, FL. 34113
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CETO, RICHARD	2.2 NAME	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ALICIA	3.2 NAME	T JOYCE HERBERT
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	3.3 STREET ADDRESS	LELY HS 1 LELY HS BLVD
CITY-ST-ZIP	NAPLES FL 34113	3.4 CITY-ST-ZIP	NAPLES FL. 34113
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADE, DONALD	4.2 NAME	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DIANE	5.2 NAME	
STREET ADDRESS	LELY HIGH SCHOOL 1 LELY HIGH SCH. BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, BEAD	6.2 NAME	
STREET ADDRESS	LELY High School 1 Lely HS Blvd	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL. 34113	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: _____ SIGNATURE REQUIRED _____ 8/23/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)