

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 755278 (9)

1. Corporation Name

TARPON SPRINGS BAND BOOSTERS, INC.

Principal Place of Business

1411 GULF ROAD
TARPON SPRINGS HIGH SCHOOL
TARPON SPRINGS FL 34689

Mailing Address

1411 GULF ROAD
TARPON SPRINGS HIGH SCHOOL
TARPON SPRINGS FL 34689-2714



3. Date Incorporated or Qualified 11/25/1980	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2135073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SULLENS JUDITH, H
1844 COBBLE COURT
PALM HARBOR FL 34883

10. Name and Address of New Registered Agent

81 Name Maxine Johnson	85 Zip Code 34683
82 Street Address 1726 Nebraska Ave.	
83	
84 City Palm Harbor	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 *Maxine Johnson* *Maxine Johnson* DATE 4/21/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLENS, JUDITH H		1.2 NAME	
STREET ADDRESS 1844 COBBLE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, MAXINE B		2.2 NAME	
STREET ADDRESS 1726 NEBRASKA AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TARDIF, LUANG		3.2 NAME	
STREET ADDRESS 1272 ENISWOOD PKWY		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINCHESTER, KATHLEEN		4.2 NAME	
STREET ADDRESS 114 KATHLEEN CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)