SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Aug 12 1998 8:00am ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State **DOCUMENT # 755278** (9)TARPON SPRINGS BAND BOOSTERS, INC. Malling Address Principal Place of Business 1411 GULF ROAD 3. Date Incorporated or Qualified 1411 GULF ROAD TARPON SPRINGS HIGH SCHOOL TARPON SPRINGS HIGH SCHOOL 11/25/1980 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 4. FEI Number Applied For 59-2135073 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired P.O. BOX Fee Required Suite, Apt. #, etc. \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 22 City & State 7. Is this nonprofit corporation a homeowner association?
Yes No City & State Tarpon Springs Yes 23 Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No ZIP Country 30 Pinellas 34688 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Debra L. Dates Street Address (P.Q. Box Number is Not Acceptable) 3080 Sugar Bear Trail JOHNSON, MAXINE 82 1726 NEBRASKA AVE 83 PALM HARBOR FL 34683 Zip Code 공식&& 84 85 Palm travbor Prikes (NOTE: Registered Agent signature required when reinstating) sture, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 1.1 TITLE TITLE DELETE *Elaine* Vinson 1.2 NAME NAME SULLENS, JUDITH H N/A PO Box 702 1.3 STREET ADDRESS STREET ADDRESS 1644 COBBLE COURT Tarpon Springs, FL 34688 PALM HARBOR FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE Debra L. Bates 2.2 NAME NAME JOHNSON, MAXINE B 3080 Eugas Bear Trail 1726 NEBRASKA AVE 2.3 STREET ADDRESS STREET ADDRESS Palm Harbor, FC PALM HARBOR FL 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 DTLE TITLE DELETE 3.2 NAME NAME **Tarid**if, Luang 1272 ENISWOOD PKWY 3.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 3.4 CITY-ST-ZIP CITY-ST-ZIP 4,1 TITLE Addition TITLE DELETE Baib Kovar 4.2 NAME NAME WINCHESTER, KATHLEEN 1399 Saratoga Court 114 KATHLEEN CT. 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP TARPON SPRINGS FL CITY-ST-ZIP 5.1 TITLE Change TITI F DELETE Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

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 porporation 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 phanged, or on an attachment with an address.