FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710225 (4)

1. Corporation Name
NORTHEAST HIGH SCHOOL BAND BOOSTERS, INCORPORATED

Principal Place of Business	Mailing Address
1717-54TH AVENUE NORTH ST. PETERSBURG FL 33714 US	1717-54TH AVENUE NORTH ST. PETERSBURG FL 33714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1966
3a. Date of Last Report: 04/21/1994
4. FEI Number: ~~65-1502411~~ 59-285-1258 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SALLIOTTE, PHYLLIS
7549-16TH STREET NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	~~SD~~	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	~~FOUTS, BILLIE~~	1.2 NAME	ALCOTT, SANDY	
STREET ADDRESS	~~5723 FIRST STREET NE~~	1.3 STREET ADDRESS	6700 22ND ST, N,	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	~~SD~~ VD	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	CALVERT, JANICE	2.2 NAME	WELSH, CHARLES	
STREET ADDRESS	5440 KELLY DRIVE N	2.3 STREET ADDRESS	440 46TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	SALLIOTTE, PHYLLIS	3.2 NAME		
STREET ADDRESS	7549-16TH STREET N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	~~SD~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~SCOTT A~~	4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: CHARLES E. WELSH 4-18-95 813-526-1246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004A01