

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # 710225 (4)**  
 1. Corporation Name  
**NORTHEAST HIGH SCHOOL BAND BOOSTERS, INCORPORATED**

Principal Place of Business Mailing Address  
**1715 54th Avenue North 640 46th Avenue North**  
**St. Petersburg, FL 33714 St. Petersburg, FL 33703-3808**  
**US US**

3. Date Incorporated or Qualified **01/19/1966** 3a. Date of Last Report **04/18/95**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-285-1258</b>	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SALLIOTTE, PHYLLIS</b> <b>7549 16TH Street North</b> <b>St. Petersburg, FL 33702</b>		81 Name	<b>WELSH, Grey</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>640 46th Avenue North</b>
		83	
		84 City	<b>St. Petersburg</b>
		FL	85 Zip Code <b>33703-3808</b>

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: *Grey Welsh* **July 22, 1996**  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P/D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALCOTT, Sandy</b>	1.2 NAME	<b>KARNEGIE, Tammy</b>
STREET ADDRESS	<b>6700 22nd Street North</b>	1.3 STREET ADDRESS	<b>478 74th Avenue North</b>
CITY - ST - ZIP	<b>St. Petersburg, FL 33702</b>	1.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33702</b>
TITLE	<b>S/D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WELSH, Charles</b>	2.2 NAME	<b>WELSH, Grey</b>
STREET ADDRESS	<b>640 46th Avenue North</b>	2.3 STREET ADDRESS	<b>640 46th Avenue North</b>
CITY - ST - ZIP	<b>St. Petersburg, FL 33703-3808</b>	2.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33703-3808</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>STANTON, Denise</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6322 Bayou Grande Boulevard Northeast</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33702</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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	<b>000001905180</b> <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>-07/26/96--01008--039</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***70.00</b>
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: *Sandy Alcott* **Sandy Alcott** **July 15, 1996** (813) 522-4412  
 Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)