


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710225 (4)
1. Corporation Name
NORTHEAST HIGH SCHOOL BAND BOOSTERS, INCORPORATE D



Principal Place of Business 1717-54TH AVENUE NORTH ST. PETERSBURG FL 33714 US	Mailing Address 640 46TH AVE. NORTH ST. PETERSBURG FL 33703-3808
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/19/1966	3a. Date of Last Report 07/25/1996
4. FEI Number 50-3851258 59-2861258	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WELSH, GREY
640 46TH AVE. NORTH
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent
81 Name **CAROL HARMEL**
82 Street Address (P.O. Box Number is Not Acceptable)
1700 74TH CIR NE
83
84 City **ST. PETERSBURG** FL 85 Zip Code **33702**

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 *Carol Harmel* **CAROL HARMEL** SID **7-7-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALCOTT, SANDY 6700 NORTH 22ND STREET ST. PETERSBURG FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARNEGIE, TAMMY 478 74TH AVE. NORTH ST. PETERSBURG FL 33702 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELSH, GREY 478 74TH AVE. NORTH ST. PETERSBURG FL 33702 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANTON, DENISE 6322 BAYOU GRANDE BLVD. NE ST. PETERSBURG FL 33702 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELSH, CHARLES 640 46TH AVE. NORTH ST. PETERSBURG FL 33702 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PID WELSH, CHARLES E. 460 46TH AVE. N. ST. PETERSBURG FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VID LINDA CROW 8900 OAK ST NE ST. PETERSBURG FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TID WILLIAM BAIRD 6649 23RD CIR N ST. PETERSBURG FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD SID CAROL HARMEL 1700 74TH CIR NE ST. PETERSBURG FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Carol Harmel* **CAROL HARMEL** SID **7-7-97**

CR2E037 (9/96)