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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 710225

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2851258	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

HARMEL, CAROL
 1700 74 CIR NE
 ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name **Joyce A. White**
 82 Street Address (P.O. Box Number is Not Acceptable)
8701 Orient Way N.E.
 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

Joyce A. White

1/21/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELSH, CHARLES E			1.2 NAME	Crow, Linda M		
STREET ADDRESS	640 46TH AVE N			1.3 STREET ADDRESS	8920 Oak St NE		
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP	St. Petersburg FL 33702		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROW, LINDA			2.2 NAME	harouche, Lydia		
STREET ADDRESS	8920 OAK ST NE			2.3 STREET ADDRESS	3024 - 30th St N		
CITY-ST-ZIP	ST PETERSBURG FL			2.4 CITY-ST-ZIP	St. Petersburg, FL 33713		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAUGHBROOK, BETTY			3.2 NAME	White, Joyce A.		
STREET ADDRESS	721 14TH ST S			3.3 STREET ADDRESS	8701 Orient Way N.E.		
CITY-ST-ZIP	ST PETERSBURG FL 33705			3.4 CITY-ST-ZIP	St. Petersburg, FL 33702		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARMEL, CAROL			4.2 NAME	WELSH, CHARLES E		
STREET ADDRESS	1700 74TH CIR NE			4.3 STREET ADDRESS	640 46TH AVE N		
CITY-ST-ZIP	ST PETERSBURG FL			4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELSH, CHARLES			5.2 NAME	INGRAM, SUZANNE		
STREET ADDRESS	640 46TH AVE. NORTH			5.3 STREET ADDRESS	6867 21 St N		
CITY-ST-ZIP	ST. PETERSBURG FL 33702			5.4 CITY-ST-ZIP	ST Petersburg FL 33702		
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 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, with all other like empowered.

SIGNATURE: *Linda Crow* SIGNATURE: *Joyce A. White* DATE: 1/21/99 DAYTIME PHONE: 727-892-2267

CR2E037 (11/98)