

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 721284 (8)**

1. Corporation Name

**ST. PETERSBURG HIGH SCHOOL BAND BOOSTER ASSOCIATION OF ST. PETERSBURG, FLORIDA, INC.**

Principal Place of Business

**2501 FIFTH AVE NORTH  
ST PETERSBURG FL 33713**

Mailing Address

**2501 FIFTH AVE NORTH  
ST PETERSBURG FL 33713**



3. Date Incorporated or Qualified **12/08/1971** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-1948460** 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**

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

## 9. Name and Address of Current Registered Agent

**ROSETTI, LOUIS  
3110 1ST AVE N.  
ST. PETERSBURG FL 33713**

## 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	1.1 TITLE	PD
NAME	CONNELLY, LINDA	1.2 NAME	Reish, Barbara
STREET ADDRESS	122 15TH AVENUE SW	1.3 STREET ADDRESS	115 29 Ave. No.
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	St. Petersburg, Fla. 33704
TITLE	D	2.1 TITLE	D
NAME	LAORENZA, DENNIS	2.2 NAME	Vanlandingham, James
STREET ADDRESS	226 58TH AVE S	2.3 STREET ADDRESS	128 59th Ave. So.
CITY-ST-ZIP	ST PETE, FL 00000	2.4 CITY-ST-ZIP	St. Petersburg, Fla. 33708
TITLE	VPD	3.1 TITLE	VPD
NAME	REISH, BARBARA	3.2 NAME	Fox, Lynn
STREET ADDRESS	115 29TH AVENUE N.	3.3 STREET ADDRESS	4550 2nd Ave. No.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Pete, FLA. 33713
TITLE	SD	4.1 TITLE	
NAME	ENGLE, JOELLA	4.2 NAME	
STREET ADDRESS	962 EDEN ISLE DR NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	TD
NAME	HALL, BOB	5.2 NAME	Barclay, Pat
STREET ADDRESS	4326 NORTH 29 AVE	5.3 STREET ADDRESS	660 15th St. N.W.
CITY-ST-ZIP	ST PETE FL	5.4 CITY-ST-ZIP	Largo, Fla 33540
TITLE		6.1 TITLE	
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: *Barbara A. Reish* **Barbara A. Reish** 4/28/96 813-367-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)