

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 ASSOCIAT  
ION OF ST. PETERSBURG, FLORIDA, INC.

Principal Place of Business

Mailing Address

2501 FIFTH AVE NORTH  
ST PETERSBURG FL 33713

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ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1971  
3a. Date of Last Report 05/01/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 ST Petersburg High School

2a. Mailing Address  
26 2501 Fifth Aven, NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 ST Petersburg Florida

City & State  
28 ST Petersburg Florida

Zip  
24 33713

Country  
25 Pinellas  
29 33713  
30 Pinel las

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT, LOUIS Thomas Petit  
3416 167 AVE N.  
ST. PETERSBURG FL 33713

81 Name Tom Petit  
82 Street Address (P.O. Box Number is Not Acceptable) ST Petersburg High School  
83 2501 5 Ave N  
84 City St Petersburg FL 85 Zip Code 33713

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 *Tom Petit* 9-3-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	REISH, BARBARA	115 29 AVENUE NORTH	ST. PETERSBURG FL	<input checked="" type="checkbox"/>
D	VANLANDINGHAM, JAMES	128 59TH AVENUE SOUTH	ST PETE, FL 00000	<input checked="" type="checkbox"/>
VPD	FOX, LYNN	4550 2ND AVE. NORTH	ST. PETERSBURG FL	<input checked="" type="checkbox"/>
SD	ENGLE, JOELLA	982 EDEN ISLE DR NE	ST. PETERSBURG FL	<input checked="" type="checkbox"/>
TD	BARCLAY, PAT	600 15TH STREET NW	LARGO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Sandra M. Heidt	5171 62 ST. N	Kenneth City, FL 33709	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Daniel J. Schmidt	6001 Soaring Ave.	Tampa, FL 33617	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Diane Shepard	244 25 ST. N	ST Petersburg, FL 33713	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Debbie Heffern	4029 Burlington Ave. N	ST Petersburg FL 33713	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Laura Pettit	2611 24 Ave N	33713	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 SIGNATURE REQUIRED 9-3-97 9-3-97

CR2E037 (4/97)