

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE



DOCUMENT # 721284 (8)
1. Corporation Name
ST. PETERSBURG HIGH SCHOOL BAND BOOSTER ASSOCIATION OF ST. PETERSBURG, FLORIDA, INC.

Principal Place of Business ST PETERSBURG HIGH SCHOOL ST PETERSBURG FL 33713 US	Mailing Address 2501 FIFTH AVE. N ST PETERSBURG FL 33713 US
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3. Date Incorporated or Qualified

12/08/1971

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETIT, TOM
ST PETERSBURG HIGH SCHOOL
2501 5 AVE N
ST PETERSBURG FL 33713**

REINSTATEMENT

81 Name

82 State

83 Zip

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 reinstating)

DATE

9/30/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HEIDT, SANDRA M	
STREET ADDRESS	5171 62 ST N	
CITY-ST-ZIP	KENNETH CITY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIDT, DANIEL J	
STREET ADDRESS	6001 SOARING AVE	
CITY-ST-ZIP	TAMPA FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SHEPERD, DIANE	
STREET ADDRESS	244 25 ST N	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HEFFERN, DEBBIE	
STREET ADDRESS	4029 BURLINGTON AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETIT, LAURA	
STREET ADDRESS	2611 24 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Simpson, Karen	
1.3 STREET ADDRESS	6960 32nd Ave N	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Heffern, Debbie	
3.3 STREET ADDRESS	4029 Burlington Ave N	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33713	

4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bauer, Carroll	
4.3 STREET ADDRESS	590 32nd Ave N	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33701	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/98

Date

813/893-1842

Daytime Phone #

0006951

CR2E037 (5/98)