

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91027 018 ****61.25

DOCUMENT # 721284					
1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1948460	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENWARE, LINDA 2501 5TH AVENUE NORTH ST PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name: Julie Janssen Street Address (P.O. Box Number is Not Acceptable): Same address City: FL Zip Code:		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Julie N. Janssen</i> DATE: 3-17-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BARTELT, GARY STREET ADDRESS 1245 12ST AVE. N. CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHMIDT, DANIEL J STREET ADDRESS 1056 43RD AVE. N. CITY-ST-ZIP SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME PETIT, RUTH STREET ADDRESS 7910 IVYWOOD RD. CITY-ST-ZIP LARGO, FL 33777	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME MCCLINTOLE, KATHY STREET ADDRESS 15215 GULF BLVD. CITY-ST-ZIP SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete		TITLE NAME McClintock, Kathy STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ENTREKEN, DEBBIE STREET ADDRESS 1847 OAK PARK DR. S. CITY-ST-ZIP CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gary Bartelt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-16-04 727 821 9530 <small>Date Daytime Phone #</small>		