


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722369** (6)

1. Corporation Name

**BUCHHOLZ BAND BOOSTERS, INC.**

Principal Place of Business

Mailing Address

**5510 N.W. 27TH AVE.  
GAINESVILLE FL 32606-6405**

**5510 N.W. 27TH AVE.  
GAINESVILLE FL 32606-6405**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/03/1972</b>		3a. Date of Last Report <b>04/29/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-0217165</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNTON, PAULA  
5510 NW 27 AVE  
GAINESVILLE FL 32606**

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

*Paula E. Thornton*  
Signature, typed or printed name of registered agent and title if applicable

**Paula Thornton/Director**

(NOTE: Registered Agent signature required when reinstating)

**6/10/97**  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAILER, MICHELE			1.2 NAME	Sandy Anderson		
STREET ADDRESS	500 NW 101ST STREET			1.3 STREET ADDRESS	6607 N.W. 44th Place		
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP	Gainesville, FL 32606		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARRY, JENNY			2.2 NAME	Jenny Parry		
STREET ADDRESS	10026 NW 24TH PLACE			2.3 STREET ADDRESS	10026 N.W. 24th Place		
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY-ST-ZIP	Gainesville, FL 32606		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERGET, S HERRY			3.2 NAME	Sherry Herget		
STREET ADDRESS	10911 NW 14TH AVENUE			3.3 STREET ADDRESS	10911 N.W. 14th Ave.		
CITY-ST-ZIP	GAINESVILLE FL			3.4 CITY-ST-ZIP	Gainesville, FL 32606		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, BRUCE			4.2 NAME	Brenda Cosby		
STREET ADDRESS	2116 SW 76TH TERRACE			4.3 STREET ADDRESS	10208 S.W. 13th Place		
CITY-ST-ZIP	GAINESVILLE FL			4.4 CITY-ST-ZIP	Gainesville, FL 32606		
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSIN, GAIL			5.2 NAME	Gail Rosin		
STREET ADDRESS	4223 NW 76TH TERRACE			5.3 STREET ADDRESS	4223 N.W. 76th Terrace		
CITY-ST-ZIP	GAINESVILLE FL			5.4 CITY-ST-ZIP	Gainesville, FL		
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 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

*Paula Thornton*

*6/10/97*

CP2E037 (9/96)