

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728738** (6)
1. Corporation Name
TEAGUE MIDDLE SCHOOL BAND BOOSTERS, INC.

Principal Place of Business 1100 SAND LAKE RD ALTAMONTE SPRINGS FL 32714-4039	Mailing Address 1100 SAND LAKE RD ALTAMONTE SPRINGS FL 32714-7039
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2. Principal Place of Business 21 1350 McNeil Rd Suite, Apt. #, etc.		2a. Mailing Address 26 1350 McNeil Rd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/06/1974	3a. Date of Last Report 04/30/1996
22 City & State Altamonte Springs		27 City & State Altamonte Springs		4. FEI Number 59-2099503	Applied For Not Applicable
23 Zip 32714		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 32714		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29 32714		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TOBIN, ANDREA L 1100 SAND LAKE RD ALTAMONTE SPRINGS FL 32714		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1350 McNeil Rd 83 84 City Altamonte Springs FL 85 Zip Code 32714	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD RICHALL A WOLLNOR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD Rosanne Eriou <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1008 WOOPALL DR.	1.2 NAME	209 Milford Haven
STREET ADDRESS	ALTAMONTE SPRINGS FL	1.3 STREET ADDRESS	Longwood FL 32779
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD MALTBY, LYNN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD Kaminsky, Michele <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	160 HOLDERNESS DRIVE	2.2 NAME	9212 Longfellow Place
STREET ADDRESS	LONGWOOD FL	2.3 STREET ADDRESS	Apopka FL 32703
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD FERRENCE, ANDREA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD Nannette Satterfield <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1754 BLACKMON CT	3.2 NAME	980 Vine Ridge Run
STREET ADDRESS	LONGWOOD FL	3.3 STREET ADDRESS	Altamonte Springs FL 32714
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD SCHENDORF, MARK <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD Debra Davenport <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	137 HAVILLARD PT	4.2 NAME	693 Oak Hollow Way
STREET ADDRESS	LONGWOOD FL	4.3 STREET ADDRESS	Altamonte Springs FL 32714
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: **Michele B. Kaminsky** **Michele B. Kaminsky (Mrs)** 4/27/97 (407) 741-0259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013153

CR2E037 (9/96)