

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 03 1998 8:00am
Secretary of State

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

DOCUMENT # 728738 1. Corporation Name TEAGUE MIDDLE SCHOOL BAND BOOSTERS, INC.	(6)
--	------------



Principal Place of Business 1350 MCNEIL RD ALTAMONTE SPRINGS FL 32714 US	Mailing Address 1350 MCNEIL RD ALTAMONTE SPRINGS FL 32714 US
--	--

3. Date Incorporated or Qualified 02/06/1974	Applied For Not Applicable
4. FEI Number 59-2099503	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TOBIN, ANDREA L 1350 MCNEIL 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) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	ERIOV, ROSANNE
STREET ADDRESS	209 MILFORD HAVEN
CITY-ST-ZIP	LONGWOOD FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	KAMINSKY, MICHELE
STREET ADDRESS	9212 LONGFELLOW PLACE
CITY-ST-ZIP	APOKA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SATTERFIELD, NANETTE
STREET ADDRESS	980 VINERIDGE RUN
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, DEBRA
STREET ADDRESS	693 OAK HOLLOW WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD MCBRIARTY, ANN MICHELE
1.3 STREET ADDRESS	3006 WEYMOUTH CT
1.4 CITY-ST-ZIP	APOKA FL 32703
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WD WARLUCK, DAVID
2.3 STREET ADDRESS	518 MAJORCA AVE
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD ISPASS, ADELE
3.3 STREET ADDRESS	218 NORTH CASTLEFORD CT
3.4 CITY-ST-ZIP	LONGWOOD FL 32779
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD ERIOW, ROSE ANN
4.3 STREET ADDRESS	209 MILFORD HAVEN
4.4 CITY-ST-ZIP	LONGWOOD FL 32779
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD SCHULER, BRANDA
5.3 STREET ADDRESS	970 PAKES CIRCLE APT 804
5.4 CITY-ST-ZIP	APOKA FL 32703
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: *Ann Michele McBriarty* **407-**
27 1998 788-6271

CR2E037 (10/97)