FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735593** **(6)**

1. Corporation Name
THE TEAGUE CHORAL BOOSTERS, INC.

Principal Place of Business	Mailing Address
1100 SAND LAKE RD ALTAMONTE SPRINGS FL 32714	1100 SAND LAKE RD ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SASSMAN, MARILYN R.
1100 SAND LAKE RD
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	SASSMAN, MARILYN R.	1.2 NAME	
STREET ADDRESS	1100 SAND LAKE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	~~WHEELER, SANDY~~	2.2 NAME	Carrie Wynkoop
STREET ADDRESS	~~600 RIO A LA MANO DR.~~	2.3 STREET ADDRESS	342 Golfside Cove
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	2.4 CITY-ST-ZIP	Longwood FL. 32779
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	~~MYERS, SALLY~~	3.2 NAME	Sandy Weisstein
STREET ADDRESS	~~100 BILSDALE CT~~	3.3 STREET ADDRESS	154 Academy Oaks Pl.
CITY-ST-ZIP	~~LONGWOOD FL~~	3.4 CITY-ST-ZIP	Altamonte Springs, FL. 32714
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	~~MOJZISIK, DIANA~~	4.2 NAME	Nina Herrin
STREET ADDRESS	~~401 RUTH ST.~~	4.3 STREET ADDRESS	124 Sue Drive
CITY-ST-ZIP	~~LONGWOOD FL~~	4.4 CITY-ST-ZIP	Altamonte Springs, FL. 32714
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Marilyn R. Sassman April 25, 1995 407-774-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000035