FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/16/1976**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

81 Name: N/A

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SASSMAN, MARILYN R.		12 NAME		
STREET ADDRESS	1100 SAND LAKE RD		13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE	PD	☒ Change ☐ Addition
NAME	WYNKOOP, CARRIE		22 NAME	MANTEL, ZENAI	
STREET ADDRESS	342 GOLFSIDE COVE		23 STREET ADDRESS	230 SELKIRK WAY	
CITY-ST-ZIP	LONGWOOD FL		24 CITY-ST-ZIP	LONGWOOD, FL. 32779	
TITLE	SD	☐ DELETE	31 TITLE	SD	☒ Change ☐ Addition
NAME	WEISSTEIN, SANDY		32 NAME	CINDY WALDORF	
STREET ADDRESS	154 ACADEMY OAKS PLACE		33 STREET ADDRESS	118 DUNCAN TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		34 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	TD	☐ DELETE	41 TITLE	TD	☒ Change ☐ Addition
NAME	HERRIN, NINA		42 NAME	CAROL GRAHAM	
STREET ADDRESS	124 SUE DRIVE		43 STREET ADDRESS	233 NOB HILL CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		44 CITY-ST-ZIP	LONGWOOD, FL. 32779	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 Sassman — April 25, 1996 — 407-774-9207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #