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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32714-7039

3. Date Incorporated or Qualified: 04/16/1976
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1350 McNeil Road
Suite, Apt. #, etc. 22
City & State 23 Altamonte Springs, FL.
Zip 24 32714 Country 25 ~~Sem~~ USA.

2a. Mailing Address
26 1350 McNeil Road
Suite, Apt. #, etc. 27
City & State 28 Altamonte Springs, FL.
Zip 29 32714 Country 30 USA

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
82 Street Address (P.O. Box Number is Not Acceptable) 1350 McNeil Road
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 _____ 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	☐ DELETE	1.1 TITLE	V	☐ Change ☐ Addition
NAME	SASSMAN, MARILYN R.		1.2 NAME		
STREET ADDRESS	1100 SAND LAKE RD		1.3 STREET ADDRESS	1350 McNeil Road	
CITY-ST-ZIP	ALTAMONTE SPGS FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MANTEL, ZENAI		2.2 NAME		
STREET ADDRESS	230 SELKIRK WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	WALDORF, CINDY		3.2 NAME	CAROLYN KRUSE	
STREET ADDRESS	118 DUNCAN TRAIL		3.3 STREET ADDRESS	141 HOLDERNESS DR	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	LONGWOOD, FL.	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	GRAHAM, CAROL		4.2 NAME	CAROL THOMSON	
STREET ADDRESS	233 NOB HILL CIRCLE		4.3 STREET ADDRESS	102 ROMMEY MARSH RD	
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP	LONGWOOD, FL. 32779	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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.

MARILYN R. SASSMAN

CR2E037 (9/96)