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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735593

1. Corporation Name
THE TEAGUE CHORAL BOOSTERS, INC.

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed
04/16/1976

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

9. Name and Address of Current Registered Agent

~~SASSMAN, MARILYN R.~~
1350 MCNEIL RD.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: FARCASI, DAWN
82 Street Address (P.O. Box Number is Not Acceptable): SAME
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	FARCASI, DAWN	
STREET ADDRESS	1350 MCNEIL RD.		1.3 STREET ADDRESS	1350 MCNEIL RD	
CITY-ST-ZIP	ALTAMONTE SPGS FL		1.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714	
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 32779		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRUSE, CARLOYN		3.2 NAME		
STREET ADDRESS	141 HOLDERNESS DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMSON, CAROL		4.2 NAME		
STREET ADDRESS	102 ROMMEY MARSH RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~DAWN~~ FARCASI		5.2 NAME		
STREET ADDRESS	~~1350 MCNEIL RD~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~ALTAMONTE SPGS FL~~		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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 1-6-99 407-862-8954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #