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 MAR 15 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758360 (2)

1. Corporation Name

SUWANNEE HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
1200 PINE AVE. P.O.BOX 1477 LIVE OAK FL 32060-4026	1200 PINE AVE. P.O.BOX 1477 LIVE OAK FL 32060-4026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2177855 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCDONALD, MUREL
7291 C.R. 249
RT. 8, BOX 9
LIVE OAK FL 32060

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 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, MUREL	12 NAME	
STREET ADDRESS	7291 C.R. 249	13 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	MUSGROVE, WAYNE	22 NAME	D. Larry Jordan
STREET ADDRESS	RT. 5, BOX 254 N/A	23 STREET ADDRESS	2712-122 Terrace
CITY-ST-ZIP	LIVE OAK FL	24 CITY-ST-ZIP	Wellborn Fla 32094
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ANN	32 NAME	
STREET ADDRESS	987 SANDRA AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	MCNEIL, REBECCA	42 NAME	
STREET ADDRESS	RT. 2, BOX 3832	43 STREET ADDRESS	
CITY-ST-ZIP	O'BRIEN FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	TD ☒ Change ☐ Addition
NAME	KUYRKENDELL, ROBERTA	52 NAME	Sergio Gonzalez
STREET ADDRESS	RT. 2, BOX 279	53 STREET ADDRESS	Rt 1 Box 459
CITY-ST-ZIP	LIVE OAK FL	54 CITY-ST-ZIP	Live Oak, FL. 32060
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	FULKNOR, ELOISE	62 NAME	
STREET ADDRESS	RT. 8, BOX 17-A N/A	63 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	64 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: Murel McDonald 02/25/95 904-364-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Murel McDonald, President Band Boosters

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