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 # 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

3. Date Incorporated or Qualified: 05/14/1981
3a. Date of Last Report: 03/15/1995

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: 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

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

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: SERGIO GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable): 4811 147th RD
83:
84 City: LIVE OAK FL 85 Zip Code: 32060

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: _____ Board Directed Pres. 09-16-96.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCDONALD, MUREL 7291 C.R. 249 LIVE OAK FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D SERGIO GONZALEZ 4811 147th RD LIVE OAK, FL 32060	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDON, LARRY 2712-122 TERRACE WELLBORN FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V/D THOMAS R. FELKNOR 7009 CR 249 LIVE OAK, FL 32060	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ANN 987 SANDRA AVE. LIVE OAK FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/D MARY MEEKS 17152 66th ST. LIVE OAK, FL 32060	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCNEIL, REBECCA RT. 2, BOX 3832 O'BRIEN FL	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T/D ELOUISE FELKNOR 7009 CR 249 LIVE OAK, FL 32060	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GONZALEZ, SARGIO RT 1 BOX 459 LIVE OAK FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D LARRY JORDON 2712 122 TERRACE WELLBORN, FL 32094	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FULKNOR, ELOISE RT. 8, BOX 17-A N/A LIVE OAK FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D MUREL MCDONALD 7291 CR 249 LIVE OAK, FL 32060	☑ Change ☐ Addition

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: _____ 09-16-96. 1-800-791-4459.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(SERGIO GONZALEZ)