

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32060-1477



3. Date Incorporated or Qualified **05/14/1981** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 **32064-1477** 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

10. Name and Address of New Registered Agent

GONZALEZ, SERGIO
4811 147TH RD
LIVE OAK FL 32060

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **MC DONALD, MUREL**
STREET ADDRESS **7291 CR 249**
CITY-ST-ZIP **LIVE OAK FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **JORDON, LARRY**
STREET ADDRESS **2712-122 TERRACE**
CITY-ST-ZIP **WELLBORN FL**

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **FELKNOR, THOMAS R.**
STREET ADDRESS **7009 CR 249**
CITY-ST-ZIP **LIVE OAK FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **GONZALEZ, SERGIO**
3.3 STREET ADDRESS **4811 147TH RD**
3.4 CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE ☒ DELETE
NAME **MEEKS, MARY**
STREET ADDRESS **17152 68TH ST**
CITY-ST-ZIP **LIVE OAK FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **GONZALEZ, SERGIO**
STREET ADDRESS **4811 147TH RD**
CITY-ST-ZIP **LIVE OAK FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **GONZALEZ, PATTI**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **FELKNOR, ELOUISE**
STREET ADDRESS **7009 CR 249**
CITY-ST-ZIP **LIVE OAK FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **ROACH, JERRY**
6.3 STREET ADDRESS **16011 CR 252**
6.4 CITY-ST-ZIP **WELLBORN, FL 32094**

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.

SIGNATURE:

Jerry Roach / Director 4-30-97 313-6515
904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000782

CR2E037 (9/96)