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FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 32064-1477
US

3. Date Incorporated or Qualified

05/14/1981

4. FEI Number

59-2177855

Applied For

Not Applicable

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, SERGIO
4811 147TH RD
LIVE OAK FL 32080

81 Name

MUREL McDONALD

82 Street Address (P.O. Box Number is Not Acceptable)

7291 CR 249

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

MUREL McDONALD

(NOTE: Registered Agent signature required when reinstating)

04/24/98

Signature, typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, MUREL	
STREET ADDRESS	7291 CR 249	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDON, LARRY	
STREET ADDRESS	2712-122 TERRACE	
CITY-ST-ZIP	WELLBORN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, SHERGIO	
STREET ADDRESS	4811 147TH RD	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, PATTI	
STREET ADDRESS	4811 147TH RD	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, JERRY	
STREET ADDRESS	18011 CIR 252	
CITY-ST-ZIP	WELLBORN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JERRY ROACH
3.3 STREET ADDRESS	16011 CR 252
3.4 CITY-ST-ZIP	WELLBORN FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SKARON McDONALD
4.3 STREET ADDRESS	7291 CR 249
4.4 CITY-ST-ZIP	LIVE OAK, Florida
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SALLY CHRISTOPHER
5.3 STREET ADDRESS	15905 164TH ST
5.4 CITY-ST-ZIP	MCALPIN FL 32062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

MUREL McDONALD, President

04/24/98

904-364-7445

CR2E037 (10/97)