

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90008 037 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 758360**

1. Corporation Name

**SUWANNEE HIGH SCHOOL BAND BOOSTERS, INC.**

Principal Place of Business

1200 PINE AVE.  
P.O. BOX 1477  
LIVE OAK FL 32060-4026

Mailing Address

1200 PINE AVE.  
P.O. BOX 1477  
LIVE OAK FL 32064-1477  
US



61603b - 90000 - 27

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**05/14/1981**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, MUREL  
7291 CR 249  
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 **D** ☐ DELETE  
NAME **MCDONALD, MUREL**  
STREET ADDRESS **7291 CR 249**  
CITY-ST-ZIP **LIVE OAK FL**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **CHARLOTTE MCNICHOLS**  
1.3 STREET ADDRESS **15757 128 PLACE**  
1.4 CITY-ST-ZIP **LIVE OAK FL 32060**

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

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **LARRY JORDON**  
2.3 STREET ADDRESS **2712-122 Terrace**  
2.4 CITY-ST-ZIP **Wellborn FL**

TITLE **VD** ☒ DELETE  
NAME **ROACH, JERRY**  
STREET ADDRESS **16011 CR 252**  
CITY-ST-ZIP **WELLBORN FL**

3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **SANDRA HARMON**  
3.3 STREET ADDRESS **10161 112th Circle**  
3.4 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **S** ☒ DELETE  
NAME **MCDONALD, KAREN**  
STREET ADDRESS **7291 CR 249**  
CITY-ST-ZIP **LIVE OAK FL**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **Denise Makela**  
4.3 STREET ADDRESS **17385 10 Terrace**  
4.4 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **T** ☒ DELETE  
NAME **CHRISTOPHER, SALLY**  
STREET ADDRESS **15905 164TH STREET**  
CITY-ST-ZIP **MCALPIN FL 32062**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Patty Roach**  
5.3 STREET ADDRESS **16011 CR 252**  
5.4 CITY-ST-ZIP **Wellborn FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Charlotte McNichols**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/9/99 (904) 755-0264**  
Date Daytime Phone #

CR2E037 (5/99)