

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
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DOCUMENT # N27412 (8)

1. Corporation Name
DELTONA HIGH SCHOOL BAND BOOSTERS' ASSOCIATION, INC.



Principal Place of Business 100 WOLF PACK RUN DELTONA FL 32738	Mailing Address 100 WOLF PACK RUN DELTONA FL 32738
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/13/1988	3a. Date of Last Report 05/23/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2954480	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

FORD, HAROLD G.
100 WOLF PACK RUN
DELTONA FL 32725

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD PAULA BAGWELL 560 BERNASEK DR DEBARY FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULA BAGWELL		1.2 NAME
STREET ADDRESS	560 BERNASEK DR		1.3 STREET ADDRESS
CITY-ST-ZIP	DEBARY FL		1.4 CITY-ST-ZIP
TITLE	PD BOWMAN, LESLIE D 1072 ALPINE DR DELTONA FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, LESLIE D		2.2 NAME
STREET ADDRESS	1072 ALPINE DR		2.3 STREET ADDRESS
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP
TITLE	S KNACK, JOYCE 792 COLMAN AVE DELTONA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNACK, JOYCE		3.2 NAME
STREET ADDRESS	792 COLMAN AVE		3.3 STREET ADDRESS
CITY-ST-ZIP	DELTONA FL		3.4 CITY-ST-ZIP
TITLE	T BALLARD, SANDRA 288 S FAIRBAIRN DELTONA FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLARD, SANDRA		4.2 NAME
STREET ADDRESS	288 S FAIRBAIRN		4.3 STREET ADDRESS
CITY-ST-ZIP	DELTONA FL		4.4 CITY-ST-ZIP
TITLE	S FORD, DEBBIE 518 CLEO LANE DELTONA FL 32738	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, DEBBIE		5.2 NAME
STREET ADDRESS	518 CLEO LANE		5.3 STREET ADDRESS
CITY-ST-ZIP	DELTONA FL 32738		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 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)(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: Leslie D. Bowman Date: 4-30-96 Daytime Phone #: (407) 574-5469

CR2E037 (12/95)