FILE NOW: FILING FEE AFTER MAY 1,IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37247 (6)

1. Corporation Name
WOLFSON HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business
7000 POWERS AVENUE
Jacksonville, FL 32217

Mailing Address
7000 POWERS AVENUE
Jacksonville FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3056693	☐ 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
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

HEDGECOTH, MAX
2738 GREEN BAY Lane
Jacksonville FL 32207

10. Name and Address of New Registered Agent

81 Name: Schoof Stephanie
82 Street Address (P.O. Box Number is Not Acceptable): 1320 San Mateo Ave
83
84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Stephanie Schoof — 4-28-95
Signature, Typed or printed name of registered agent and title if applicable (required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D HEDGECOTH, Max 2738 Green Bay Lane Jacksonville FL 32207	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition P/P Schoof, Stephanie 1320 San Mateo Ave Jacksonville FL 32207
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V/D/T CLARK, SUSAN 804 GRANADA BLVD St. Jacksonville FL 32207	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition 100001513131 -06/20/95--01110--010 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/D HEDGECOTH, NORMA 2738 GREEN BAY LN JACKSONVILLE, FL 32207	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition S/D TREXLER, KARLA 2247 SEGOVIA AVE JACKSONVILLE, FL 32217
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition 501 C 3 non profit per Convosation with Susan Clark
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TIS, 10/14/95	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan M. Clark — 4-27-95 — (904) 396-5084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #