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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

372417-90035-42

DOCUMENT # N37247

1. Corporation Name

WOLFSON HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
7000 POWERS AVENUE JACKSONVILLE FL 32217	7000 POWERS AVENUE JACKSONVILLE FL 32217

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/20/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3056693 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PEIGMET, GOMMU
8945 BROOKSHIRE CT
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: Carman, Mary
82 Street Address (P.O. Box Number is Not Acceptable): 9439 San Jose Blvd. #30
83
84 City: Jacksonville FL 85 Zip Code: 32257

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: Mary S. Carman Mary S. Carman Treasurer 1/24/99
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	PDE	☑ DELETE	1.1 TITLE	President PDE	☑ Change ☐ Addition
NAME	LIPSEY, ELAINE		1.2 NAME	Blevins, Arlene P.	
STREET ADDRESS	9418 BEACCERC TERRACE		1.3 STREET ADDRESS	2522 Patsy Anne Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	Jacksonville, FL. 32207	
TITLE	VP	☑ DELETE	2.1 TITLE	VP VPD	☑ Change ☐ Addition
NAME	MEEKS, DOUG		2.2 NAME	Judy Reynolds	
STREET ADDRESS	1745 BELMONT AVENUE		2.3 STREET ADDRESS	126 Sapelo Rd	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL. 32216	
TITLE	TD	☑ DELETE	3.1 TITLE	Treasurers TD	☑ Change ☐ Addition
NAME	PEAUGNET, GINNY		3.2 NAME	Mary & Cary Carman	
STREET ADDRESS	8945 BROOKSHIRE CT		3.3 STREET ADDRESS	9439 San Jose Blvd. #30	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL. 32257	
TITLE	SD	☑ DELETE	4.1 TITLE	N/A	☐ Change ☐ Addition
NAME	CYRE, MELANIE		4.2 NAME		
STREET ADDRESS	6423 COLGATE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Arlene P. Blevins Arlene P. Blevins 1/24/99 904-720-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #