

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004635 (9)**

1. Corporation Name

**PAGE MIDDLE SCHOOL BAND BOOSTERS, INC.**



Principal Place of Business	Mailing Address
4085 NORRIS ROAD PACE FL 32571 US	4085 NORRIS ROAD PACE FL 32571 US

3. Date Incorporated or Qualified	10/07/1993
4. FEI Number	59-3203161
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	28 Zip
25 Country	30 Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
RIGGS, DAVID 4085 N NORRIS RD PACE FL 32571	

10. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BEIRO, HENRY
STREET ADDRESS	8265 JOANNA TERRACE
CITY-ST-ZIP	PACE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	NIEDERMAYER, JIM
STREET ADDRESS	5164 ROWE TR
CITY-ST-ZIP	PACE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HEATHM DIANNE
STREET ADDRESS	8336 E AVENIDA DE GOLF
CITY-ST-ZIP	PACE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CINDY LOZIER
STREET ADDRESS	5451 CREEKVIEW LN
CITY-ST-ZIP	PACE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peg Beyroudy
1.3 STREET ADDRESS	3412 Ashmore Lane
1.4 CITY-ST-ZIP	Pace, FL 32571
2.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linda Schoellhorn
2.3 STREET ADDRESS	4900 Shell Road
2.4 CITY-ST-ZIP	Milton, FL 32583
3.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara Mills
3.3 STREET ADDRESS	3503 Ashmore Lane
3.4 CITY-ST-ZIP	Pace, FL 32571
4.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Diana Thomas
4.3 STREET ADDRESS	4774 Patriot Dr.
4.4 CITY-ST-ZIP	Pace, FL 32571
5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002495521
6.3 STREET ADDRESS	-04/24/98--01037--017
6.4 CITY-ST-ZIP	***61.25

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: *[Signature]* 3/5/98

CP2E037 (10/97)