

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

00 MAR 17 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004635

1. Corporation Name

PACE MIDDLE SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

4085 NORRIS ROAD
PACE FL 32571
US

Mailing Address

4085 NORRIS ROAD
PACE FL 32571
US



2. Principal Place of Business

21 5445 King Arthurs Way

Suite, Apt. #, etc.

22

City & State

23 Milton, FL

Zip

24 32583

Country

25 Santa Rosa

2a. Mailing Address

26 5445 King Arthurs Way

Suite, Apt. #, etc.

27

City & State

28 Milton, FL

Zip

29 32583

Country

30 Santa Rosa

3. Date Incorporated or Qualified

10/07/1993

4. FEI Number

59-3203161

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

RIGGS, DAVID
4085 N NORRIS RD
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

5445 King Arthurs Way

83

84 City

Milton

FL

85 Zip Code

32583

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 David Riggs
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-14-00
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEYROUTY, PEG	
STREET ADDRESS	3412 ASHMORE LANE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHOELLHORN, LINDA	
STREET ADDRESS	4900 SHELL ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, BARBARA	
STREET ADDRESS	3503 ASHMORE LANE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, DIANA	
STREET ADDRESS	4774 PATRIOT DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input checked="" 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

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rogers, Marilyn P.	
1.3 STREET ADDRESS	5200 Tinsley Road	
1.4 CITY-ST-ZIP	Milton, FL 32583	
2.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Heath, Phyllis	
2.3 STREET ADDRESS	4419 Copperwood Place	
2.4 CITY-ST-ZIP	Pace, FL 32571	
3.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barrett, Kandyce	
3.3 STREET ADDRESS	5240 Spring Street	
3.4 CITY-ST-ZIP	Pace, FL 32571	
4.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Taylor, Debbie	
4.3 STREET ADDRESS	915 White Road	
4.4 CITY-ST-ZIP	Pace, FL 32571	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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: Marilyn P. Rogers

2-4-2000

850-994-8577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #