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FILED  
Jun 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000908 (2)**

1. Corporation Name

**PORT ST. LUCIE HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.**

Principal Place of Business

**1201 S.E. JAGUAR LANE  
PORT ST. LUCIE FL 34952**

Mailing Address

**1201 S.E. JAGUAR LANE  
PORT ST. LUCIE FL 34952**

3. Date Incorporated or Qualified

**02/23/1995**

4. FEI Number

**APPLIED FOR**

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRELL, RICKEY L ESQ.  
1595 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRADLEY, SANDY</b>	
STREET ADDRESS	<b>1002 SE LANSDOWNE STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34983</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HYNES, DAVE</b>	
STREET ADDRESS	<b>8006 SILVER OAK DRIVE</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34982</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAGALLON, JOYCE</b>	
STREET ADDRESS	<b>739 FORGAL STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34983</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BILLS, LYNN</b>	
STREET ADDRESS	<b>1612 SE MISTLETOE STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34983</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FALCONE, CINDY</b>	
STREET ADDRESS	<b>2498 SNAPPER STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARWOOD, TED</b>	
STREET ADDRESS	<b>379 SE FAITH TERRACE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34983</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P</b>
1.3 STREET ADDRESS	<b>YOUNG, MIKE</b>
1.4 CITY-ST-ZIP	<b>123 N. NARANJA AVE</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP</b>
2.3 STREET ADDRESS	<b>ODELL, JEFF</b>
2.4 CITY-ST-ZIP	<b>877 SE CAVERN AVE</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>T</b>
3.3 STREET ADDRESS	<b>LEVIN, SPENCER</b>
3.4 CITY-ST-ZIP	<b>3283 SE PINE ST</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S</b>
4.3 STREET ADDRESS	<b>HODGE, TERRY</b>
4.4 CITY-ST-ZIP	<b>4812 SEA GRAPE DR.</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PORT ST. LUCIE, FL 34982</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>000002547810</b>
6.3 STREET ADDRESS	<b>-06/04/98--01070--004</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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

*[Handwritten Signature]* **SPENCER LEVIN** 4/26/98 51 221-7472

CR2E037 (10/97)