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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003903			
1. Corporation Name ROYALE REGIMENT BAND BOOSTERS, INC.			
Principal Place of Business 200 EAST KELLY ST. BROOKSVILLE FL 34601		Mailing Address P.O. BOX 10554 BROOKSVILLE FL 34603-0554	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent SASSER, DAVID C 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE FL 34601		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME FLASPETER, RUTH STREET ADDRESS 3281 BATTEN RD. CITY-ST-ZIP BROOKSVILLE FL 34602		1.1 TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Smith, Carrie 1.3 STREET ADDRESS 27263 Osage St. 1.4 CITY-ST-ZIP Brooksville, FL 34601	
TITLE VD <input type="checkbox"/> DELETE NAME CLARK, MARJORIE STREET ADDRESS 6392 HILTON DR CITY-ST-ZIP BROOKSVILLE FL 34601		2.1 TITLE TD <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Yolanda Nunn 2.3 STREET ADDRESS 23046 Dewitt Dr. 2.4 CITY-ST-ZIP Brooksville, FL 34601	
TITLE SD <input type="checkbox"/> DELETE NAME BARRADAS, MARY STREET ADDRESS 31255 LANCEWOOD DR CITY-ST-ZIP BROOKSVILLE FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> DELETE NAME LEKO, JANET STREET ADDRESS 26382 RICHBARN RD CITY-ST-ZIP BROOKSVILLE FL 34601		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 19, 1999

Date

Daytime Phone #

CR2E037 (11/98)