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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002798 (3)
1. Corporation Name
BELL BAND BOOSTERS, INC.



Principal Place of Business: PO BOX 130 BELL FL 32619
Mailing Address: PO BOX 130 BELL FL 32619

3. Date Incorporated or Qualified: 05/12/1997
4. FEI Number: 59-3447952 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
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

2. Principal Place of Business: 21 Suite, Apt #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent
REEVES, ARTHUR JR
1042 NE SR 47
TRENTON FL 32693

10. Name and Address of New Registered Agent
81 Name: Kathleen A. Wolford
82 Street Address (P.O. Box Number is Not Acceptable): 7330 NW 22nd Ct.
83
84 City: Bell FL 85 Zip Code: 32619

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]* Kathleen A. Wolford 2/4/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P "D" <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, THOMAS	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 681C4	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA, JACKSON	2.2 NAME	Chris Schreiber
STREET ADDRESS	PO BOX 486	2.3 STREET ADDRESS	Rt 1, Box 316
CITY-ST-ZIP	BELL FL 32619	2.4 CITY-ST-ZIP	Branford, FL 32008
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEVES, ARTHUR JR	3.2 NAME	Kathleen A. Wolford
STREET ADDRESS	1042 NE SR 47	3.3 STREET ADDRESS	7330 NW 22nd Ct.
CITY-ST-ZIP	TRENTON FL 32693	3.4 CITY-ST-ZIP	Bell, FL 32619
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHROEDER, KATHLEEN	4.2 NAME	Susan Gibb
STREET ADDRESS	RT. 2, BOX 120K	4.3 STREET ADDRESS	3290 SW 20th St
CITY-ST-ZIP	TRENTON FL 32693	4.4 CITY-ST-ZIP	Bell, FL 32619
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* Treasurer 2/4/98 (904) 935-0243

CR2E037 (10/97)