

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90081 033 \*\*\*\*61.25

0011899

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000002798**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3447952</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WOLFORD, KAHTLEEN A</b> <b>7330 NW 22ND CT</b> <b>BELL FL 32619</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: *Kathleen A. Wolford*, **KATHLEEN A. WOLFORD (Treas)** 4/20/99  
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLAND, THOMAS			1.2 NAME	Holland, Thomas		
STREET ADDRESS	RT. 1, BOX 661C4			1.3 STREET ADDRESS	Rt 1, Box 661C4		
CITY-ST-ZIP	HIGH SPRINGS FL 32643			1.4 CITY-ST-ZIP	High Springs, FL 32643	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHREIBER, CHRIS			2.2 NAME	Paula Jackson		
STREET ADDRESS	RT 1, BOX 316			2.3 STREET ADDRESS	3679 Cemetery Road, Bell, FL 32619		
CITY-ST-ZIP	BRANFORD FL 32008			2.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFORD, KATHLEEN A			3.2 NAME			
STREET ADDRESS	7330 NW 22ND CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	BELL FL 32619			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIBB, SUSAN			4.2 NAME	Cornelia S. Moore		
STREET ADDRESS	3290 SW 20TH ST			4.3 STREET ADDRESS	HC4, Box 454-2		
CITY-ST-ZIP	BELL FL 32619			4.4 CITY-ST-ZIP	Old Town, FL 32680	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Kathleen A. Wolford* **Kathleen A. Wolford, Treasurer/Dir** 4/21/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)