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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000003661

1. Corporation Name
SANTA FE BAND BOOSTERS, INC.

Principal Place of Business: P.O. BOX 2105, ALACHUA FL 32616-2105
 Mailing Address: P.O. BOX 2105, ALACHUA FL 32616-2105



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3107145	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRELL, SHARON S 16331 HIGHWAY 441 ALACHUA FL 32615				81	Name <i>Amelia D. Caldwell</i>		
				82	Street Address (P.O. Box Number is Not Acceptable) <i>20412 NW CR 236</i>		
				83			
				84	City <i>High Springs</i>	FL	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 *Amelia D. Caldwell* (*Amelia Caldwell Pres.*) *5/3/99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, SHARON S	1.2 NAME	<i>Cathy Jessup</i>
STREET ADDRESS	P.O. BOX 192 N/A	1.3 STREET ADDRESS	<i>16722 NE 21st STREET</i>
CITY-ST-ZIP	ALACHUA FL 32616-0192	1.4 CITY-ST-ZIP	<i>Gainesville FL 32609</i>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, AMELIA D	2.2 NAME	
STREET ADDRESS	21403 NW 205TH AVE	2.3 STREET ADDRESS	<i>20412 NW CR 236</i>
CITY-ST-ZIP	HIGH SPRINGS FL 32655 32643	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, DEANNE M	3.2 NAME	<i>Martin Raab</i>
STREET ADDRESS	10405 NW 146 PLACE	3.3 STREET ADDRESS	<i>19631 Peggy Rd.</i>
CITY-ST-ZIP	ALACHUA FL 32615	3.4 CITY-ST-ZIP	<i>Alachua, FL 32615</i>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BARRY, DORETHA A	4.2 NAME	
STREET ADDRESS	4805 NW 234TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEMEN, DANIEL L	5.2 NAME	<i>Randolph Anderson</i>
STREET ADDRESS	6631 NW 168TH STREET	5.3 STREET ADDRESS	<i>6822 NW 24th Ave SR121</i>
CITY-ST-ZIP	ALACHUA FL 32615	5.4 CITY-ST-ZIP	<i>Lacrosse FL 32658</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: *Amelia D. Caldwell* *5/3/99* *955-6706*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (11/98)