


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003661
 1. Entity 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

DO NOT WRITE IN THIS SPACE



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3107145

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CELESTE, FORRON
 3002 NW 161 CT
 GAINESVILLE, FL 32609

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U000000126305
 04/23/04-80028-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUDY, AUST 135 TURKEY CREEK ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, DIANE 1340 SE BAY ST HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIERG, MELISSA 130 10TH BLVED #19 HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLEY, EDDIE P.O. BOX 2097 HIGH SPRINGS, FL 32655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORRON, CELESTE 3002 NW 161 CT GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAUGHN, DEBBIE 26224 OLD BELLAMY RD HIGH SPRINGS, FL 32643

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Celeste Forron 4/20/04 (352) 376-6653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #