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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90200 049 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000007211**

1. Corporation Name  
**SEMINOLE MIDDLE SCHOOL MUSIC BOOSTERS, INC.**

Principal Place of Business Mailing Address  
 8701 - 131ST STREET NORTH 8701 - 131ST STREET NORTH  
 SEMINOLE FL 33776 SEMINOLE FL 33776



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/31/1997-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3005700	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIAZGA, JOEY M. 8701 - 131ST STREET NORTH SEMINOLE FL 33776				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIAZGA, JOEY M	1.2 NAME	
STREET ADDRESS	9209 SEMINOLE BLVD. #54	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGLIARINI, DAVID	2.2 NAME	
STREET ADDRESS	13322 FIRST STREET EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, KATHY	3.2 NAME	
STREET ADDRESS	11814 - 108TH AVENUE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33778	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMPFLING, LORI	4.2 NAME	
STREET ADDRESS	13226-113TH AVENUE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, GAYLE	5.2 NAME	
STREET ADDRESS	14220 SUNSHINE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARULLI, LINDA	6.2 NAME	
STREET ADDRESS	9696 - 121ST STREET NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	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: *Joe M. Miazga* 4/16/99 727-547-7660