


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90019 014 ****61.25

DOCUMENT # N97000007211

1. Entity Name
SEMINOLE MIDDLE SCHOOL MUSIC BOOSTERS, INC.



Principal Place of Business
**8701 - 131ST STREET NORTH
 SEMINOLE, FL 33776**

Mailing Address
**8701 - 131ST STREET NORTH
 SEMINOLE, FL 33776**


94017036

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



02122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3005700

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HEMPFLING, LORI
 8701 - 131ST STREET NORTH
 SEMINOLE, FL 33776**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MIAZGA, JOEY M	
STREET ADDRESS	9209 SEMINOLE BLVD. #54	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEMPFLING, LORI	
STREET ADDRESS	13226-113TH AVENUE N.	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUESS, CHAD	
STREET ADDRESS	11716 - 111TH TERRACE N.	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONTE, LAURIE	
STREET ADDRESS	14946 - 113TH AVE N.	
CITY-ST-ZIP	SEMINOLE, FL 33774	
TITLE	P	<input type="checkbox"/> Delete
NAME	LINDSEY, DIANA	
STREET ADDRESS	14220 PASSAGE WAY	
CITY-ST-ZIP	SEMINOLE, FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA, LINDSEY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: LORI E. HEMPFLING *Lori E. Hempfling* **2/12/04** **(727) 547-7660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #