


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715770** (4)  
1. Corporation Name  
**SEMINOLE HIGH SCHOOL BAND ASSOCIATION, INC.**



Principal Place of Business <b>2701 RIDGEWOOD AVE SANFORD FL 32773-4999</b>	Mailing Address <b>2701 RIDGEWOOD AVE SANFORD FL 32773-4999</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>12/20/1968</b>		3a. Date of Last Report <b>07/30/1996</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-6153333</b>		Applied For Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24 Zip		25 Country		29 Zip		30 Country	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, MARSHA  
4356 ROCKY RIDGE ROAD  
SANFORD FL 32773**

81 Name <b>Sherry Bell</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2445 Washington Ct.</b>
83
84 City <b>Sanford</b>
85 Zip Code <b>FL 32771</b>

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 Sherry Bell TO DATE 8/19/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RASALA, KALI</b>		1.2 NAME <b>Hartsock, Lori</b>	
STREET ADDRESS <b>460 S ELLIOT AVENUE</b>		1.3 STREET ADDRESS <b>3018 Elizabeth Ct.</b>	
CITY-ST-ZIP <b>SANFORD FL</b>		1.4 CITY-ST-ZIP <b>Sanford, FL 32771</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SANDERS, JULIA</b>		2.2 NAME <b>Brewer, Edna</b>	
STREET ADDRESS <b>327 WILNER CIRCLE</b>		2.3 STREET ADDRESS <b>1013 W 2nd St.</b>	
CITY-ST-ZIP <b>SANFORD FL</b>		2.4 CITY-ST-ZIP <b>Sanford, FL 32771</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SANTIAGO, SANDRA</b>		3.2 NAME <b>Rasala, Kali</b>	
STREET ADDRESS <b>302 SILVR PINE DRIVE</b>		3.3 STREET ADDRESS <b>460 S. Elliot Avenue</b>	
CITY-ST-ZIP <b>LAKE MARY FL</b>		3.4 CITY-ST-ZIP <b>Sanford, FL 32771</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PHILLIPS, MARSHA</b>		4.2 NAME <b>Bell, Sherry</b>	
STREET ADDRESS <b>4356 ROCKY RIDGE ROAD</b>		4.3 STREET ADDRESS <b>2445 Washington Ct.</b>	
CITY-ST-ZIP <b>SANFORD FL</b>		4.4 CITY-ST-ZIP <b>Sanford, FL 32771</b>	
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 do 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.

SIGNATURE Sherry Bell SIGNATURE REQUIRED Sherry Bell DATE 8/19/97

CR2E037 (4/97)