## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **Katherine Harris**

DOCUMENT # 715770

1. Corporation Name

SEMINOLE HIGH SCHOOL BAND ASSOCIATION, INC.

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90099 041 \*\*\*\*70.00

Principal Place	Mailing Address	J Address				
2701 RIDGEWO SANFORD FL 3		2701 RIDGEWOOD AVE SANFORD FL 32773-4999				
						( 1981)) (SER) (CER, Bill) HERY (CER) BEN SIST BIRN SIST SIST SIST SIST
2 Bringing P	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed
<b>~</b> ¬ `	ace of Business	26				12/20/1968
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number Applied For
22		27				<b>59-6153333</b> Not Applicable
City & State		City & State				5. Certificate of Status Desired \$8.75 Additional
23		28				5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing \$5.00 May Be
24	25	29	30			Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registered Agent		-		10. Name and Address of New Registered Agent
				81	Name	MEISEL, TIMOTHY W.
BELL, SHE	RRY			82	Street A	Address (P.O. Box Number is Not Acceptable)
	HINGTON COURT					1000 EAST FIRST STEET
SANFORD FL 32771				83		
				84	City	85 Zip Code
	•			1 1	-	Sanford FL 32771
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the a	bove-	named co	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or r agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	or Flonda. Such change was au ions of Section 617.0503, Flori	ida Stat	a by in lutes.	e corpor	- II
SIGNATURE	Timothy W. N	leuse _ Timo	THU	ω	. ME	FISEL, TREASURER Jan 23,1999
	Signature, typed or printed name of registered agen		Registered	d Agent s	ignature req	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	DELETE	1.1 T			
TITLE	PD CALA MALL	the course		AME		Benton, John Change Addition 214 Coachman Ct.
NAME	RASALA, KALI				DDRESS	214 Coachman Ct.
STREET ADDRESS	460 S ELLIOT AVENUE				DURESS !	Sanford Fl. 32771
CITY-ST-ZIP	SANFORD FL	₩ DELETE	1.4 C	ITY-ST-Z	419	Change Addition
TITLE	PD	* Occient	•		Ì	
NAME	HARTSOCK, LORI		2.2 N		BBB500	
STREET ADDRESS	2018 ELIZABETH COURT			TREETA	1,	
CITY-ST-ZIP	SANFORD FL	DELETE	2.4 C	CITY-ST-	<u>ZIP  </u>	☐ Change ☐ Addition
TITLE	VD	□ AETELE	1		}	
NAME	BREWER, EDNA		1	IAME	DODES-	
STREET ADDRESS	1013 W 2ND ST			TREETA		
CITY-ST-ZIP	SANFORD FL	□ DELETE	_	CITY-ST-	ZIP	Change ☐ Addition
TITLE	SD	[] OFFE IF		ME.	1	MEISEL, ESTHER
NAME	MEISEL, E		ı	NAME	ı	Mileson) Collection
STREET ADDRESS	=		1	TREET A		
CITY-ST-ZIP	SANFORD FL 32771	— <del>▼</del>	_	TY-ST-	ZIP -	TD □ Change ☑ Addition
TITLE	TD	<b>K</b> DELETE		TLE	را ا	TO Change Addition
NAME	BELL, SHERRY		- 6	IAME		11MOTHY 10. MC1300 1000 C. 151 ST.
STREET ADDRESS	2445 WASHINGTON COURT				DORESS (	1000 C. IN 11.
CITY-ST-ZIP	SANFORD FL			XTY-ST-	ZIP.	Sanford F1. 32771
TITLE		☐ DELETE	6.1 T			☐ Change ☐ Addition
NAME			- 1	IAME	[	
STREET ADDRESS					DDRESS	_
CITY-ST-ZIP			6.4 0	TY-ST-	ZIP	

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 suppliemental 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:

407-321-1964