SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 27 1998 8:00am
Secretary of State

DOCUMENT # 734840 (2)

1. Corporation Name

LAKE HOWELL HIGH SCHOOL BAND PARENTS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
4200 DIKE ROAD WINTER PARK FL 32792 US	P.O. BOX 598. N/A GOLDENROD FL 32733-0598 US

3. Date Incorporated or Qualified: 12/31/1975

4. FEI Number: 23-7421333 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FLORSHEIM, RICK
4024 BUGLER'S REST PL
CASSELBERRY FL 32717

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TOWNSEND, JOHN C		1.2 NAME	BALKO,MIKE	
STREET ADDRESS	2386 KIMBERWICKE COURT		1.3 STREET ADDRESS	321 KENTIA ROAD	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	CASSELBERRY FL #@&)&	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☐ Change ☐ Addition
NAME	FLORSHEIM, RICK		2.2 NAME	FLORSHEIM, RICK	
STREET ADDRESS	4024 BUGLER'S REST PL		2.3 STREET ADDRESS	4024 BUGLER'S REST PL	
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	☐ Change ☐ Addition
NAME	WRIGHT, DIANE		3.2 NAME	WRIGHT, DIANE	
STREET ADDRESS	509 GOODRIDGE LANE		3.3 STREET ADDRESS	509 GOODRIDGE LANE	
CITY-ST-ZIP	FERN PARK FL		3.4 CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MARKL, JUDITH		4.2 NAME	KOCHURKA, PETE	
STREET ADDRESS	1804 E. CHERYL DRIVE		4.3 STREET ADDRESS	3533 SEAFORD LANE	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: [signature] Rick Florsheim 8/24/98 (407)696-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #