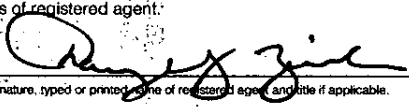
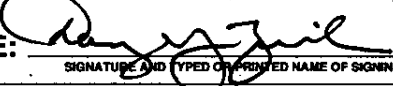


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90211 003 ****61.25

DOCUMENT # 734840 1. Entity Name LAKE HOWELL HIGH SCHOOL BAND PARENTS ASSOCIATION, INC.					
Principal Place of Business 4200 DIKE ROAD WINTER PARK, FL 32792 US			Mailing Address P.O. BOX 598 GOLDENROD, FL 32733-0598 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7421333	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, ERIC 1018 MANCHESTER CIR WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name DARRYL ZIETLOW Street Address (P.O. Box Number is Not Acceptable) 1502 THORNHILL CIRCLE City OVIDO, FL Zip Code 32765		
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  DARRYL J. ZIETLOW DATE 4/26/04 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, LISA 1018 MANCRESTER CIRCLE WINTER PARK, FL 32792	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIMI MICHELS 104 BUCKSKIN WAY WINTER SPRINGS, FL 32708
		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VOGT, KATHY 3804 SUTTERS MILL CIRCLE CASSELBERRY, FL 32707	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD YOUNG 1830 GLADIOLAS DRIVE WINTER PARK, FL 32792
		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARPENAS, ELLIS 425 BRITTANY CIRCLE CASSELBERRY, FL 32707	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, ERIC 1018 MANCHESTER CIR WINTER PARK, FL 32792	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIETLOW, DARRYL 1502 THORNHILL CIRCLE OVIDO, FL 32765	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
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:  DARRYL J. ZIETLOW DATE 4/26/04 DAYTIME PHONE # 407-317-3453 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					