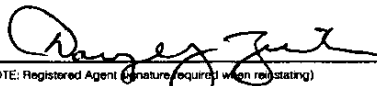
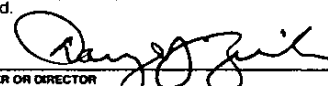


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90311 015 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7421333	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZICTLOW, DARRYL 1502 THORNHILL CIRCLE OVIEDO, FL 32765				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 <u>DARRYL ZIETLOW (PD)</u>  DATE <u>4/9/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2005		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 MICHELS, MIMI 104 BUCKSKIN WAY WINTER SPRINGS, FL 32708	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARRYL ZIETLOW 1502 THORNHILL CIRCLE OVIEDO, FL 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, RICHARD 1830 GLADIOLAS DR. WINTER PARK, FL 32792	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEFF HYSON 2898 OAK BLUFF WAY OVIEDO, FL 32765	☒ 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	SD LISA DOWNS 3152 WATER EDGE POINT WINTER PARK, FL 32792	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIETLOW, DARRYL 1502 THORNHILL CIRCLE OVIEDO, FL 32765	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORRAINE KYER 324 HOUND RUN PLACE CASSELBERRY, FL 32707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: <u>DARRYL ZIETLOW (PD)</u>  DATE <u>4/9/05</u> DAYTIME PHONE # <u>407-317-3453</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					