FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:34

DOCUMENT # **N21729** **(1)**

1. Corporation Name

FLORIDA BANDMASTERS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
C/O F. LEWIS JONES PO BOX 13857 TALLAHASSEE FL 32317	C/O F. LEWIS JONES PO BOX 13857 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1987
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2318742 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

JONES, F.LEWIS
4905 BUCK LAKE ROAD
TALLAHASSEE FL 32311

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 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WHARTON, PHILLIP D	1.2 NAME	
STREET ADDRESS	212 JENNY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, CYNTHIA, E	2.2 NAME	
STREET ADDRESS	1341 DUNHILL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☒ Addition
NAME	HOWES, FRANK R.	3.2 NAME	PD SAMMONS, JAMES M.
STREET ADDRESS	2505 CAROLINA AVENUE	3.3 STREET ADDRESS	125 - 21ST AVE
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, F. LEWIS	4.2 NAME	
STREET ADDRESS	4905 BUCK LAKE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SELLERS, DAVID	5.2 NAME	
STREET ADDRESS	1029 ALBA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	TIMOTHY, PAUL A	6.2 NAME	
STREET ADDRESS	RT.7 BOX 447	6.3 STREET ADDRESS	2900 SETTING SUN TR.
CITY-ST-ZIP	LIVE OAK FL 32060	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: F. Lewis Jones F. Lewis Jones 3/17/95 904-878-8438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027687