

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

97 OCT - 6 PM 3:09

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000003769 (6)**

1. Corporation Name

**LEHIGH SENIOR HIGH MUSIC PARENTS ASSOCIATION INC**



Principal Place of Business

Mailing Address

**801 GUNNERY ROAD  
LEHIGH ACRES FL 33971**

**801 GUNNERY ROAD  
LEHIGH ACRES FL 33971**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1994** 3a. Date of Last Report **07/16/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number

**65-0510520**

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVISON, ANDRA M  
21 HIGHALND AVE  
LEHIGH ACRES FL 33936**

81 Name

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

**788882317707--7**

83

**-10/10/97--01094--014**

84 City

**\*\*\*\*\*61.25 FL \*\*\*\*\*61.25**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
NAME **WALLER, MARTIN A**  
STREET ADDRESS **4113 2ND STREET SW**  
CITY-ST-ZIP **LEHIGH FL**

1.1 TITLE **P-D**  Change  Addition  
1.2 NAME **Wille Singleton**  
1.3 STREET ADDRESS **21 Clayton Avenue**  
1.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **V**  DELETE  
NAME **BALLWAY, MICHELLE**  
STREET ADDRESS **175 GIBSON STREET**  
CITY-ST-ZIP **FT MYERS FL**

2.1 TITLE **V**  Change  Addition  
2.2 NAME **Ann Vaile**  
2.3 STREET ADDRESS **619 Poinsettia Avenue**  
2.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **S**  DELETE  
NAME **WORTMAN, DIANA**  
STREET ADDRESS **902 LEELEND HEIGHTS BLVD W**  
CITY-ST-ZIP **LEHIGH ACRES FL**

3.1 TITLE **S**  Change  Addition  
3.2 NAME **Barbara Bender**  
3.3 STREET ADDRESS **503 Cuffin Avenue**  
3.4 CITY-ST-ZIP **Lehigh Acres, FL 33972**

TITLE **D**  DELETE  
NAME **ADAME, BECKY**  
STREET ADDRESS **422 CLEVELAND AVENUE**  
CITY-ST-ZIP **LEHIGH ACRES FL**

4.1 TITLE **T-D**  Change  Addition  
4.2 NAME **Becky Adame**  
4.3 STREET ADDRESS **422 Cleveland Avenue**  
4.4 CITY-ST-ZIP **Lehigh Acres, FL 33972**

TITLE **D**  DELETE  
NAME **PARALES, JAY**  
STREET ADDRESS **801 GUNNERY ROAD**  
CITY-ST-ZIP **LEHIGH ACRES FL**

5.1 TITLE **D**  Change  Addition  
5.2 NAME **Jay Parales**  
5.3 STREET ADDRESS **801 Gunnery Road**  
5.4 CITY-ST-ZIP **Lehigh Acres, FL 33971**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 **B. D. SIGNATURE REQUIRED** **alinda (au) 3169-5848**

CR2E037 (4/97)