

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-06-2001 90350 047 ****61.25

DOCUMENT # N94000003769

1. Entity Name

LEHIGH SENIOR HIGH MUSIC PARENTS ASSOCIATION INC

Principal Place of Business

801 GUNNERY ROAD
 LEHIGH ACRES FL 33971

Mailing Address

801 GUNNERY ROAD
 LEHIGH ACRES FL 33971

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0510520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

DAVISON, ANDRA M
21 HIGHALND AVE
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name Darla Williams
 Street Address (P.O. Box Number is Not Acceptable)
356 Delaware Road
 City Lehigh Acres **FL** Zip Code 33936

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.

SIGNATURE Darla Q. Williams

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

Darla Williams

(NOTE: Registered Agent signature required when reinstating)

2/5/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENSKE, BARBARA 503 CALVIN AVE LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESTON, JOANN 609 5TH AVE LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALTERS, ROBIN 4014 12TH ST SW LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEUSTE, BARB 503 CALVIN AVE LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANDLEY, LINDA 1647 CHESHIRE CR. W. LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Diana, Rick 3213 7th St. S.W. Lehigh Acres, Fl 33971	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Williams, Darla 356 Delaware Road Lehigh Acres, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rayhart, Darlene 221 Baize Ave. S. Lehigh Acres, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Garcia, Dawn 17140 Richard Road Fl. Myers, FL 33915	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

(Darlene Rayhart)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01
 Date

368-6279
 Daytime Phone #

CR2E037 (10/00)