

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90451 037 ****70.00

DOCUMENT # N94000003769

1. Entity Name ✓
LEHIGH SENIOR HIGH MUSIC PARENTS ASSOC., INC.
801 GUNNERY ROAD
LEHIGH ACRES, FL 33971

DO NOT WRITE IN THIS SPACE

672064

2. Principal Place of Business
801 GUNNERY ROAD
Suite, Apt. #, etc.

3. Mailing Address
801 GUNNERY ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

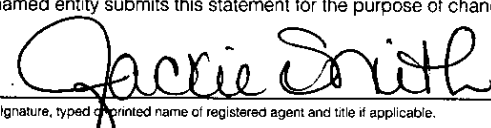
City & State
LEHIGH ACRES, FL
Zip
33971
Country
USA

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33971
Country
USA

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**

7. Name and Address of Current Registered Agent
Name
JACKIE SMITH
Street Address (P.O. Box Number is Not Acceptable)
1004 ADAMS AVENUE
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  JACKIE SMITH 5/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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	P ROBIN WALTERS 4014 12TH STREET SW LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARA CARMEAN 917 RITA AVENUE LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAREN HUGHES 406 8TH STREET W. LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKIE SMITH 1004 ADAMS AVENUE LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAY PARALES 801 GUNNERY ROAD LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  ROBIN WALTERS (PRESIDENT) 5/17/02 (239) 693-5353

CR2E037B (12/01)