FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # 73512 9	9 (9)				
KING H	IIGH SCHOOL MUSIC CLUB	B, INC-				
Principal Place of Business Mailing Address						OIN BERKI DION OIRII OIRIN BARK OIRIX ARN
% KING HIGH SCHOOL 6815 NORTH 56TH STREET TEMPLE TERRACE FL 33617		6815 NORTH 56TH STR	% KING HIGH SCHOOL 6815 NORTH 56TH STREET TEMPLE TERRACE FL 33617			
					 Date Incorporated or Qualified 03/04/1976 	3a. Date of Last Report 05/01/1995
		2a. Mailing Address	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For
<u></u>			6 P.O. BOX 290012 Suite, Apt #, etc.		NOT AFFLICABLE	Not Applicable
Suite, Apt. #, etc		27 Suite, Apr. #, etc.	•••		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Temple Te	race	, FZ.	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29 33687	Gountry 30		8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes X No
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	
			81	Name		
KING, JOHN M			82	Street An	rliess (P.O. Box Number is Not Acceptable))
	QUEENSWAY DRIVE		83			
TEMPLE	TERRACE FL 33617		63	1		
			84	City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above	named corp	oration submits this statement for the purp	ose of changing its registered office
or register familiar wil	red agent, or both, in the State of Florid th, and accept the obligations of, Section	la. Such change was authoriz on 617.0503. Florida Statutes	ed by the corp	poration's bo	pard of directors. Thereby accept the appo	intment as registered agent. I am
SIGNATURE						
	Signature, typed or printed name of registered agent a		III · Registered Age	ett signature regia	ared when receiving) ADDITIONS CHANGES TO OFFE	DATE OF DO AND DIDECTORS IN 10
12.	PD OFFICERS AND	OFFICERS AND DIRECTORS DELETE			APPHONE CHANGE TO OTH	Change Addition
NAME		KING, JOHN M				
STREET ADDRESS			1.3 STHEET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		1.4 CiTY -			
TITLE	VPD	⊠ DE1 FTE		\	J P D	Change Addition
NAME	WOOD, DONALD	221		lo	heryl M. KING yors queensway D	-
STREET ADDRESS	1269 FOUR SEASONS BLVD.		2 3 STREE	TADDRESS 6	o407 S Queensway D	rive
CITY - ST - ZIP	TEMPLE TERRACE FL 33613		2 4 CITY	ST-ZIP	Temple Terrace, FL	33617
TITLE	VPD	DEFELE	3 1 TITLE		<u></u>	
NAME OTOTET LODDEGO	REED, TOM 9305 ALANBROOKE STREET		3.2 NAME		Elizabeth Roberts 1207 Holly ridge p Emple Terrace, FL 3 FD	Mare
STREET ADDRESS	TAMPA FL 33637		3.3 STREE	T ADDRESS	and the same of the	3687
CHY-ST-ZIP TITLE	S	₹ DELETE	4 1 TITLE		D A	Change Addition
NAME	LICATA, MILLIE	•	4 2 NAM	. 6	enic walden	
STREET ADDRESS	11720 FIFE AVENUE		4 3 STHEE	T ADDRESS	0908 Mout rose Av	· .
CITY-ST-ZIP	TAMPA FL 33617		4.4 CITY -	S1- ZIP	Temple Terroce, FL	33617
TITLE	T	DEFELE	5 1 TITLE	1		Change Addition
NAME	MARD, PAM		5.2 NAME		richael Johnston	
STREET ADDRESS					6304 113Th Av	77617
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	DELETE	5 4 CITY - 6 1 TITLE	S1-ZIP	Jemple Terrace FC	Change E Addition
TITLE		Morreix	6.1 IIILE 6.2 NAME	. £	Anna C. San	•
NAME STREET ADDRESS				EL ADDRESS	3209 King Churle Seffner, Florida	SCIT,
CITY-ST-ZIP			6 4 CITY	ST-7IP	Softwar Flounds	33584
	by certify that the information supplied a	with this filing is voluntarily furr		es not qualif	y for the exemption styled in Section 119	77(3)(k) Florida Statutes I further

I do hereby certify that the information supplied with this liting is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(3)(k), Florida Statutes. Furnier certify that the information indicated on this armual 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 chapter, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96 813-276-1070
Daytime Phone #