

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 16 1996 8:00 am
Secretary of State

DOCUMENT # **N94000003769 (6)**

1. Corporation 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**



3. Date Incorporated or Qualified

07/29/1994

3a. Date of Last Report

08/24/1995

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 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

TITLE

D

☒ DELETE

NAME

**WEISER, ROBERT C
304 ROOSEVELT AVE
LEHIGH ACRES FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

☒ DELETE

NAME

**BUTTS, LORETTA
718 HENRY AVE
LEHIGH ACRES FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

☒ DELETE

NAME

**MATIAS, MARCELINA
3871 MICHIGASN AVE
FT MYERS FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☒ DELETE

NAME

**HELLER, MAJORIE
107 JACKSON AVE
LEHIGH ACRES FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☒ DELETE

NAME

**LAMBRIGHT, RON
803 CALVIN AVE
LEHIGH ACRES FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

**Martin A. Waller
4113 - 2nd Street S.W.
Lehigh, IL 33971**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

V

☒ Change ☐ Addition

2.2 NAME

**Michelle Ballweg
175 Gibson Street
Ft. Myers, FL 33905**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

S

☒ Change ☐ Addition

3.2 NAME

**Diana Wortman
902 Lehigh Heights Blvd.W.
Lehigh Acres, FL 33906**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

D

☒ Change ☐ Addition

4.2 NAME

**Becky Adams
422 Cleveland Avenue
Lehigh Acres, FL 33972**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

D

☒ Change ☐ Addition

5.2 NAME

**Jay Parales
801 Gunnery Road
Lehigh Acres, FL 33971**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

Becky Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/96 (941) 304-5848

CR2E037 (3/96)