

**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

**DOCUMENT # 715770 (4)**  
 1. Corporation Name  
**SEMINOLE HIGH SCHOOL BAND ASSOCIATION, INC.**



Principal Place of Business  
**2701 RIDGEWOOD AVE  
 SANFORD FL 32773-4999**

Mailing Address  
**2701 RIDGEWOOD AVE  
 SANFORD FL 32773-4999**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/20/1968</b>	3a. Date of Last Report <b>08/09/1995</b>
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>59-6153333</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>MORACE, ROSALIE 109 SKOGEN CT. SANFORD FL 32771</b>		81	Name <b>PHILLIPS, MARSHA</b>		
		82	Street Address (P.O. Box Number is Not Acceptable) <b>4356 ROCKY RIDGE RD</b>		
		83			
		84	City <b>SANFORD</b>	FL	85

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.

*Marsha J. Phillips* (Signature) **07-26-96** (Date)  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>PD WELBORN, WILLIAM E. 1814 S. MELLONVILLE AVE. SANFORD FL 32771</b>		<b>PO RASALA, KALI 460 S. ELLIOT AVE SANFORD, FL 32771</b>
	<b>VD CREWS, ROB 1215 OAK AVE. SANFORD FL 32771</b>		<b>VO SANDERS, JULIA 327 WILNER CIR SANFORD, FL 32771</b>
	<b>SD JONES, JUDY 7221 LAKE DR. SANFORD FL 32771</b>		<b>SO SANTIAGO, SANDRA 302 SILVER PINE DR LAKE MARY, FL 32746</b>
	<b>TD MORACE, ROSALIE J. 109 SKOGEN CT. SANFORD FL 32771</b>		<b>TO PHILLIPS, MARSHA 4356 ROCKY RIDGE RD. SANFORD, FL 32773</b>
	<b>D DOUGLAS, TERRY 105 W. WOODLAND DR. SANFORD FL</b>		

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:** *Marsha J. Phillips* **07-26-96** **407-330-6660**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)