


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1968	3a. Date of Last Report 07/30/1996
--	--

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	24. Country	25. Country	29. Country	30. Country
--	---	-------------	-------------	-------------	-------------

4. FEI Number 59-6153333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PHILLIPS, MARSHA
 4356 ROCKY RIDGE ROAD
 SANFORD FL 32773**

10. Name and Address of New Registered Agent
 81. Name: **Sherry Bell**
 82. Street Address (P.O. Box Number is Not Acceptable): **2445 Washington Ct.**
 83. City: **Sanford** **FL** 85. Zip Code: **32771**

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: Sherry Bell TO DATE: 8/19/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RASALA, KALI	
STREET ADDRESS	460 S ELLIOT AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, JULIA	
STREET ADDRESS	327 WILNER CIRCLE	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANTIAGO, SANDRA	
STREET ADDRESS	302 SILVR PINE DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, MARSHA	
STREET ADDRESS	4356 ROCKY RIDGE ROAD	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hartsock, Lori	
1.3 STREET ADDRESS	2018 Elizabeth Ct.	
1.4 CITY-ST-ZIP	Sanford, FL 32771	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brewer, Edna	
2.3 STREET ADDRESS	1013 W 2nd St.	
2.4 CITY-ST-ZIP	Sanford, FL 32771	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rasala, Kali	
3.3 STREET ADDRESS	460 S. Elliot Avenue	
3.4 CITY-ST-ZIP	Sanford, FL 32771	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bell, Sherry	
4.3 STREET ADDRESS	2445 Washington Ct.	
4.4 CITY-ST-ZIP	Sanford, FL 32771	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherry Bell SIGNATURE REQUIRED: Julia Sanders 467 308-6159

CR2E037 (4/97)