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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 715770

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/20/1968

22 City & State

27 City & State

4. FEI Number  
 59-6153333

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24

25

Country

29

Zip

Country

30

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, SHERRY  
 2445 WASHINGTON COURT  
 SANFORD FL 32771

81 Name MEISEL, TIMOTHY W.  
 82 Street Address (P.O. Box Number is Not Acceptable) 1000 EAST FIRST STREET  
 83  
 84 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 *Timothy W. Meisel* *TIMOTHY W. MEISEL, TREASURER* *Jan 23, 1999*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME RASALA, KALI  
 STREET ADDRESS 460 S ELLIOT AVENUE  
 CITY-ST-ZIP SANFORD FL

1.1 TITLE PD  Change  Addition  
 1.2 NAME BENTON, JOHN  
 1.3 STREET ADDRESS 214 COACHMAN CT.  
 1.4 CITY-ST-ZIP SANFORD FL. 32771

TITLE PD  DELETE  
 NAME HARTSOCK, LORI  
 STREET ADDRESS 2018 ELIZABETH COURT  
 CITY-ST-ZIP SANFORD FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME BREWER, EDNA  
 STREET ADDRESS 1013 W 2ND ST  
 CITY-ST-ZIP SANFORD FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME MEISEL, E  
 STREET ADDRESS 1000 E 1ST ST  
 CITY-ST-ZIP SANFORD FL 32771

4.1 TITLE  Change  Addition  
 4.2 NAME MEISEL, ESTHER  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME BELL, SHERRY  
 STREET ADDRESS 2445 WASHINGTON COURT  
 CITY-ST-ZIP SANFORD FL

5.1 TITLE  Change  Addition  
 5.2 NAME TIMOTHY W. MEISEL  
 5.3 STREET ADDRESS 1000 E. 1ST ST.  
 5.4 CITY-ST-ZIP Sanford FL. 32771

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Timothy W. Meisel* **REQUIRED** 1/23/99 407-324-1964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)