

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

02-27-2003 90134 002 ****61.25

DOCUMENT # N94000003769

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1325

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LEHIGH ACRES, FL

4. FEI Number **65-0510520**

Applied For

Not Applicable

Zip

Country

Zip

Country

33970-1325

USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, DARLA
356 DELAWARE ROAD
LEHIGH ACRES FL 33936**

Name **JACKIE SMITH**

Street Address (P.O. Box Number is Not Acceptable)
1004 ADAMS AVENUE

City **LEHIGH ACRES**

FL

Zip Code **33936**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jackie Smith

JACKIE SMITH

2/5/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD ☒ Delete
DIANA, RICK
STREET ADDRESS **3213 7TH ST SW**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

PD ☐ Change ☒ Addition
ROBIN WALTERS
STREET ADDRESS **4014 12TH STREET SW**
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

SD ☒ Delete
WILLIAMS, DARLA
STREET ADDRESS **356 DELAWARE ROAD**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

VP ☐ Change ☒ Addition
SARA CARMEAN
STREET ADDRESS **917 RITA AVENUE**
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

TD ☒ Delete
RAYHART, DARLENE
STREET ADDRESS **221 BAIZE AVE S**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

SD ☐ Change ☒ Addition
KAREN HUGHES
STREET ADDRESS **406 8TH STREET W.**
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

VPD ☒ Delete
GARCIA, DAWN
STREET ADDRESS **17140 RICHARD ROAD**
CITY-ST-ZIP **FORT MYERS FL 33913**

TD ☐ Change ☒ Addition
JACKIE SMITH
STREET ADDRESS **1004 ADAMS AVENUE**
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

☐ Delete
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
JAY PARALES
STREET ADDRESS **801 GUNNERY ROAD**
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

☐ Delete
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robin Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN WALTERS - PRESIDENT

2/25/03 (239) 693-5353

Date

Daytime Phone

CR2E037 (10/02)