

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT.# 700314 (8)

1. Corporation Name

TERRY PARKER BAND ORGANIZATION, INCORPORATED



Principal Place of Business

Mailing Address

7301 PARKER SCHOOL RD.  
JACKSONVILLE FL 32211

7301 PARKER SCHOOL RD.  
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified  
09/13/1960

3a. Date of Last Report  
08/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

22

27

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

23

28

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

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENEFEE, SANDRA L.  
4117 WILCREST CT.  
JACKSONVILLE FL 32277

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
MENEFEE, DOUG  
STREET ADDRESS 4117 WILCREST CT.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME VD  
HARVEY, JOHN  
STREET ADDRESS 8180 MONTASONTA AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME VD  
GREEN, DOUG  
STREET ADDRESS 3690 SANDBURG RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME S  
SMITH, CHERYL  
STREET ADDRESS 2534 PINE SUMMIT DR E  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME T  
FLETCHER, DAVID  
STREET ADDRESS 3361 SARA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME D  
GREEN, WARD  
STREET ADDRESS 1301 HOLLYHOCK CIR., WEST  
CITY-ST-ZIP JACKSONVILLE FL 32211

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-96

904.356.5311

CR2E037 (12/95)