

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700314** (8)  
1. Corporation Name  
**TERRY PARKER BAND ORGANIZATION, INCORPORATED**



Principal Place of Business <b>7301 PARKER SCHOOL RD. JACKSONVILLE FL 32211</b>	Mailing Address <b>7301 PARKER SCHOOL RD. JACKSONVILLE FL 32211</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/13/1960</b>
4. FEI Number <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>FLETCHER, DAVID R 541 E. MONROE ST JACKSONVILLE FL 32202</b>
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10. Name and Address of New Registered Agent 81 Name <b>Sandra L. Menefee</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4117 Wilcrest Ct.</b> 83 City <b>Jacksonville FL</b> 84 Zip Code <b>32277</b>
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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 Sandra L. Menefee, Treasurer DATE April 17, 1998  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, SUSAN	
STREET ADDRESS	2714 EASTILL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLAXTON, J.C.	
STREET ADDRESS	7851 FEATHER OAKS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TISDALE, ELAINE	
STREET ADDRESS	3873 COVE ST JOHNS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, CHERYL	
STREET ADDRESS	2634 PINE SUMMIT DR E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, DAVID	
STREET ADDRESS	3361 SARA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, WARD	
STREET ADDRESS	1301 HOLLYHOCK CIR., WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harvey John	
1.3 STREET ADDRESS	4137 Windsor Park Dr. E.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32224	
2.1 TITLE	1st V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Clarence C. Williams	
2.3 STREET ADDRESS	1153 West Lawn Dr.	
2.4 CITY-ST-ZIP	JAK, FL 32211	
3.1 TITLE	2nd V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Rivera	
3.3 STREET ADDRESS	8015 Cesery Blvd.	
3.4 CITY-ST-ZIP	JAK, FL 32277	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Menefee Sandra	
5.3 STREET ADDRESS	4117 Wilcrest Ct	
5.4 CITY-ST-ZIP	Jacksonville, FL 32277	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Green, Ward	
6.3 STREET ADDRESS	6418 Whispering Oaks Drive	
6.4 CITY-ST-ZIP	Jacksonville, FL 32277	

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.

SIGNATURE: [Signature] 5/1/98

CR2E037 (10/97)