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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 700314

1. Corporation Name

TERRY PARKER BAND ORGANIZATION, INCORPORATED

Principal Place of Business

7301 PARKER SCHOOL RD.
JACKSONVILLE FL 32211

Mailing Address

7301 PARKER SCHOOL RD.
JACKSONVILLE FL 32211



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/13/1960

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SANDRA L MENEFEE
4117 WILCREST CT
JACKSONVILLE FL 32277**

10. Name and Address of New Registered Agent

81 Name **Robert Rivera**
82 Street Address (P.O. Box Number is Not Acceptable)
3015 Cesery Blvd
83
84 City **Jacksonville** FL 85 Zip Code **32277**

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 **Robert Rivera**

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

(NOTE: Registered Agent signature required when reinstating)

5/3/99

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, JOHN	
STREET ADDRESS	4137 WINDSOR PARK DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLARENCE E WILLIAMS	
STREET ADDRESS	1153 W LAWN DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT RIVERA	
STREET ADDRESS	3015 CESERY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CHERYL	
STREET ADDRESS	2534 PINE SUMMIT DR E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MENEFEE SANDRA	
STREET ADDRESS	4117 WILCREST CT	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, WARD	
STREET ADDRESS	6418 WHISPERING OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	

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	Landress, Kim	
1.3 STREET ADDRESS	3110 Altus Dr. W.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32277	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALTERS, JACK	
2.3 STREET ADDRESS	2361 Townsend Blvd	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32211	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schneider, Mike	
3.3 STREET ADDRESS	5340 Emerald Reef Ct.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32277	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wise-man, Kathryn	
4.3 STREET ADDRESS	5921 Regiment Dr.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32277	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rivera, Robert	
5.3 STREET ADDRESS	3015 Cesery Blvd	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32277	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> 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:

WILLIAM RIVERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99

Date

Daytime Phone #

CR2E037 (11/98)

0005315