

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704137 (9)

1. Corporation Name

SOUTH BROWARD HIGH SCHOOL BAND/BROWARDETTE PATRO
NS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SOUTH BROWARD HIGH SCHOOL
1801 NORTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020-2223

P.O. BOX 22-1066
HOLLYWOOD FL 33022
US



3. Date Incorporated or Qualified
06/06/1962

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0071298

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

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

BABB, MARIA
2455 JOHNSON ST.
HOLLYWOOD FL 33020

81 Name

Tuttle, Carolyn

82 Street Address (P.O. Box Number is Not Acceptable)

815 North 31 Court

83

Hollywood

84 City

FL

85 Zip Code

33021

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 *Carolyn M. Tuttle* CAROLYN M. TUTTLE Treasurer

06-18-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BABB, MARIA ☒ DELETE
STREET ADDRESS 2455 JOHNSON ST
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D
NAME GOMES, SHELLEY ☐ DELETE
STREET ADDRESS 2421 GARFIELD ST.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE TD
NAME PAPPAS, ANNETTE ☒ DELETE
STREET ADDRESS 3205 ROOSEVELT ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE - T Tuttle, Carolyn ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 815 N 31 Court
1.4 CITY-ST-ZIP Hollywood, FL 33021

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

3.1 TITLE D
3.2 NAME Tuttle, Kenneth ☐ Change ☒ Addition
3.3 STREET ADDRESS 815 N 31 Court
3.4 CITY-ST-ZIP Hollywood FL 33021

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

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: *Carolyn M. Tuttle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96 (954) 983-8312

Date

Daytime Phone #

CR2E037 (3/96)