


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704137** (9)

1. Corporation Name

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

Principal Place of Business C/O SOUTH BROWARD HIGH SCHOOL 1801 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020-2223	Mailing Address P.O. BOX 22-1066 HOLLYWOOD FL 33022 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/06/1962		3a. Date of Last Report 06/25/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0071298		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		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

10. Name and Address of New Registered Agent

**TUTTLE, CAROLYN
815 NORTH 31 COURT
HOLLYWOOD FL 33021**

81 Name GLORIA MCWILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable) 4333 WASHINGTON ST.
83
84 City HOLLYWOOD
85 Zip Code FL 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 **GLORIA MCWILLIAMS - TREASURER**

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 T	<input type="checkbox"/> DELETE	1.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TUTTLE, CAROLYN		1.2 NAME GLORIA MCWILLIAMS	
STREET ADDRESS 815 N 31 COURT		1.3 STREET ADDRESS 4333 WASHINGTON ST.	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOMES, SHELLEY		2.2 NAME AARON KARLON	
STREET ADDRESS 2421 GARFIELD ST.		2.3 STREET ADDRESS 4300 SHERIDAN ST.	
CITY-ST-ZIP HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAPPAS, ANNETTE		3.2 NAME DONALD KNEUER	
STREET ADDRESS 3205 ROOSEVELT ST.		3.3 STREET ADDRESS 2207 N. 45 AVE	
CITY-ST-ZIP HOLLYWOOD FL		3.4 CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 REQUIRED

8/26/97 954-260
3/28/97

CR2E037 (4/97)