SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

704137 **DOCUMENT#** 1. Corporation Name

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

Principal Place of Business C/O SOUTH BROWARD HIGH SCHOOL 1901 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020-2223

Mailing Address P.O. BOX 22-1066 HOLLYWOOD FL 33022

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90008 005 ****61.25

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	/	a. Mailing Address			3. Date incorporated or Qualifed 06/06/1962			
21 701 Suite, Apt.	# etc 26	Suite, Apt. #, etc.			4. FEI Number	An	plied For	
22					65-0071298		t Applicable	
City & State City & State					5. Certifcate of Status Desired	\$8.75 A	Additional	
Zip Country Zip					6. Election Campaign Financing	\$5.00	May Be	
24 33020 25 29 - 30					Trust Fund Contribution	Added t	•	
	9. Name and Address of Current Reg				10. Name and Address of New Ro	egistered Agent		
0.				81 Name				
MCWILLIAMS, GLORIA				82 Street Address (P.O. Box Number is Not Acceptable)				
4333 WASHINGTON ŠT				83				
HOLLYWOOD FL 33021								
			84	City		85 Zip (Code	
ANTERONI OF WALL				,		FL _		
office or re	to the provisions of Sections 617.0502 and egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	rida. Such change was auth	nonzed by	the corporati	poration submits this statement for the p ion's board of directors. I hereby accept	ourpose of changing its the appointment as re-	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent and til	te if applicable. (NOTE: Re	egistered Age	it signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIE		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	MCWILLIAMS, GLORIA		1.2 NAME	İ				
STREET ADDRESS	4333 WASHINGTON ST		1.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		_			
TITLE	D DELETE		2.1 TITLE			Change	Addition	
NAME	KAPLAN, AARON		2.2 NAME					
STREET ADDRESS	4300 SHERIDAN ST		2.3 STREE	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-5	T-ZIP				
TITLE	P DELETE		3.1 TITLE			Change	☐ Addition	
NAME	KNAPP, CYNTHIA		3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4, CITY-9	T-ZIP				
TITLE	P	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	ESO, KATHERINE		4. 2 NAME					
STREET ADDRESS	1526 SHEANANDOAH ST		4.3 STREE	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020		4.4 CITY-S	T-ZIP				
πιε	D	☐ DÉLETE	5.1 TITLE			Change	Addition	
NAME	KAPLAN, AARON		5.2 NAME					
STREET ADDRESS	2365 N 37TH AVE		5.3 STREE					
CITY-ST-ZIP	HOLLYWOOD FL 33021		5.4 CITY-S	T-ZIP				
TITLE	10	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME	MCWILLIAMS, GLORIA	;	6.2 NAME					
STREET ADDRESS	4333 WASHINGTON ST		6.3 STREE	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020		6.4 CITY-S	T-ZIP				
44 15	antiful that the information available with this	Elina daga nat avalify for th		on stated in	Section 110 07/3\/i) Florida Statutos I	further cortifue that the i-	nformation	

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: