

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90026 024 ****61.25

DOCUMENT # 706907

1. Corporation Name

DUNEDIN PIPE AND DRUM CORPS. INC.

Principal Place of Business

CITY OF DUNEDIN PIPE BAND INC
P O BOX 452
DUNEDIN FL 34697-0452

Mailing Address

CITY OF DUNEDIN PIPE BAND INC
P O BOX 452
DUNEDIN FL 34697-0452



2. Principal Place of Business

21 City of Dunedin Pipeband

2a. Mailing Address

26 City of Dunedin Pipeband

3. Date Incorporated or Qualified

02/27/1964

Suite, Apt. #, etc.

22 P.O. Box 452

Suite, Apt. #, etc.

27 P.O. Box 452

4. FEI Number

23-7152894

Applied For

Not Applicable

City & State

23 Dunedin, Fl

City & State

28 Dunedin, Fl

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip Country

24 34697 25 USA

Zip Country

29 34697 30 USA

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WHITE, DOUGLAS O
2550 STAG RUN BLVD APT 1032
CLEARWATER FL 33765

10. Name and Address of New Registered Agent

81 Name

Kersey, Regine O.

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

656 BROADWAY ST APT. #1

83

84 City

DUNEDIN

FL

85 Zip Code
34698

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

Regine O. Kersey

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

(NOTE: Registered Agent signature required when reinstating)

03-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DOYLE, CARL
STREET ADDRESS 1881 FLORIDA AVE
CITY-ST-ZIP PALM HARBOR FL 34683

DELETE

TITLE VD
NAME SHOCKLEY, BETH
STREET ADDRESS 4705 AZALEA WAY S
CITY-ST-ZIP ST PETERSBURG FL 33705

DELETE

TITLE TD
NAME WHITE, DOUG
STREET ADDRESS 2550 STAG RUND BLVD APT 1032
CITY-ST-ZIP CLEARWATER FL 33765

DELETE

TITLE SD
NAME KERSEY, REGINE
STREET ADDRESS 2244 WOOD ST
CITY-ST-ZIP SARASOTA FL 34231

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME DANETTE RUSH
1.3 STREET ADDRESS 616D GROVE CT
1.4 CITY-ST-ZIP DUNEDIN, FL 34698

Change Addition

2.1 TITLE VICE PRESIDENT
2.2 NAME CARL DOYLE
2.3 STREET ADDRESS 1881 FLORIDA AVE
2.4 CITY-ST-ZIP PALM HARBOR, FL 34683

Change Addition

3.1 TITLE TREASURER
3.2 NAME REGINE KERSEY
3.3 STREET ADDRESS 656 BROADWAY ST APT #1
3.4 CITY-ST-ZIP DUNEDIN, FL 34698

Change Addition

4.1 TITLE SECRETARY
4.2 NAME REMO GIULIANI
4.3 STREET ADDRESS 290 CAUSEWAY BLVD
4.4 CITY-ST-ZIP DUNEDIN, FL 34698

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-12-99 727-738-1951

0072722

CR2E037 (11/98)