

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 # 715770 (4)
 1. Corporation Name
SEMINOLE HIGH SCHOOL BAND ASSOCIATION, INC.



Principal Place of Business Mailing Address
2701 RIDGEWOOD AVE SANFORD FL 32773-4999

3. Date Incorporated or Qualified **12/20/1968** 3a. Date of Last Report **08/09/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-6153333** Applied For Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

10. Name and Address of New Registered Agent

**MORACE, ROSALIE
 109 SKOGEN CT.
 SANFORD FL 32771**

81 Name **PHILLIPS, MARSHA**
 82 Street Address (P.O. Box Number is Not Acceptable) **4356 ROCKY RIDGE RD**
 83
 84 City **SANFORD** FL 85 Zip Code **32773**

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.

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

(NOTE: Registered Agent signature required when reinstating)

07-26-96
 DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PO	
NAME	WELBORN, WILLIAM E.	
STREET ADDRESS	1814 S. MELLONVILLE AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	
NAME	CREWS, ROB	
STREET ADDRESS	1215 OAK AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	
NAME	JONES, JUDY	
STREET ADDRESS	7221 LAKE DR.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	
NAME	MORACE, ROSALIE J.	
STREET ADDRESS	109 SKOGEN CT.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, TERRY	
STREET ADDRESS	105 W. WOODLAND DR.	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PO		
1.2 NAME	RASALA, KALI		
1.3 STREET ADDRESS	460 S. ELLIOT AVE		
1.4 CITY-ST-ZIP	SANFORD, FL 32771		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	SAUNDERS, JULIA		
2.3 STREET ADDRESS	327 WILNER CIR		
2.4 CITY-ST-ZIP	SANFORD, FL 32771		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	SANTIAGO, SANDRA		
3.3 STREET ADDRESS	302 SILVER PINE DR		
3.4 CITY-ST-ZIP	LAKE MARY, FL 32746		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	PHILLIPS, MARSHA		
4.3 STREET ADDRESS	4356 ROCKY RIDGE RD.		
4.4 CITY-ST-ZIP	SANFORD, FL 32773		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Marsha J. Phillips* **07-26-96 407-330-6660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)