


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2701 RIDGEWOOD AVE SANFORD FL 32773-4999	Mailing Address 2701 RIDGEWOOD AVE SANFORD FL 32773-4999
--	--

3. Date Incorporated or Qualified 12/20/1968	Applied For Not Applicable
4. FEI Number 59-6153333	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
**BELL, SHERRY
2445 WASHINGTON COURT
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RASALA, KALI	
STREET ADDRESS	460 S ELLIOT AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARTSOCK, LORI	
STREET ADDRESS	2016 ELIZABETH COURT	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BREWER, EDNA	
STREET ADDRESS	1013 W 2ND ST	
CITY-ST-ZIP	SANFORD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RASALA, KALI	
STREET ADDRESS	460 S ELLIOT AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELL, SHERRY	
STREET ADDRESS	2445 WASHINGTON COURT	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD ESTHER MEISEL
4.3 STREET ADDRESS	1000 EAST FIRST STREET
4.4 CITY-ST-ZIP	SANFORD FL 32771
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 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: *Esther B. Meisel* Esther B. Meisel 4/30/98 407-321-1914

CR2E037 (1097)