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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 715770

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/20/1968

22 City & State

27 City & State

4. FEI Number
 59-6153333

Applied For
 Not Applicable

24 Zip Country

28 Zip Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, SHERRY
 2445 WASHINGTON COURT
 SANFORD FL 32771

81 Name MEISEL, TIMOTHY W.
 82 Street Address (P.O. Box Number is Not Acceptable)
 1000 EAST FIRST STREET
 83
 84 City SANFORD FL 85 Zip Code 32771

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 *Timothy W. Meisel* *TIMOTHY W. MEISEL, TREASURER* *Jan 23, 1999*
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	RASALA, KALI	
STREET ADDRESS	460 S ELLIOT AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARTSOCK, LORI	
STREET ADDRESS	2018 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 type="checkbox"/> DELETE
NAME	MEISEL, E	
STREET ADDRESS	1000 E 1ST ST	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	<input checked="" 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		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENTON, JOHN	
1.3 STREET ADDRESS	214 COACHMAN CT.	
1.4 CITY-ST-ZIP	SANFORD FL. 32771	
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	MEISEL, ESTHER	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TIMOTHY W. MEISEL	
5.3 STREET ADDRESS	1000 E. 1ST ST.	
5.4 CITY-ST-ZIP	SANFORD FL. 32771	
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, with all other like empowered.

SIGNATURE: *Timothy W. Meisel* **REQUIRED** 1/23/99 407-324-1964
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)