FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1996

DOCUMENT # 731503

(9)

DEERFIELD BEACH HIGH SCHOOL BAND PARENTS ASSOCIA TION, INC.

Principal Place of Business Mailing Address					E 1614 01014 01011 01016 01019 07018 01014 01014
910 SW 15TH ST. 910 S.W. 15TH STREET					
PO BOX 97.	2	P. O. BOX 972			
DEERFIELD BCH FL 33441 DEERFIELD BEACH FL 334			3441		
U\$			3. Date Incorporated or Qualified 12/30/1974	3a. Date of Last Report	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	05/01/1995
21		26 Vicinity Address		59-1793437	Applied For
		Suite, Apt. #, etc.		00 11 00 101	Not Applicable
22		27		<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional Fee Required
City & State		City & State		E Election Compaign Financia	
23		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent		10. Name and Address of New R	egistered Agent
			<b>81</b> Nam		
MACKAY, JANET  82 Street Addr				et Address (P.O. Box Number is Not Acceptab	101
5061 NE 14TH TERRACE				350 S.E. 30 To	
POMPANO BEACH FL 33441			83		
			84 City		
			1	certial Beach, FL	FL 85 Zip Code 33441
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above named	corporation submits this statement for the pur 's board of directors. Thereby accept the appo	pose of changing its registered office
familiar v	with, and accept the obligations of, Section	a. Such change was authorized on 617.0503, F <u>l</u> orida Statutes.	d by the corporation	's board of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE	Sank to	4 Treamy		4/2	3 19/-
·····	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered Agent signatur		3 / 9 6 DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	1 *	<b>⊠</b> DEFE LE	1.1 TITLE	Pres.	Change 🔀 Addition
NAME	MACKAY, JANET		1.2 NAME	Carter, William 1	,
STREET ADDRESS	5061 NE 14TH TERRACE		1.3 STREET ADDRESS	2 552 M. E. Hans CH	
CITY-ST-ZIP	POMPANO BEACH FL	- April 616	1.4 CITY - ST - ZIP	Pompago Brack	FL 33064
TITLE	· · · ·	DELETE	21 TITLE	Cindy Bronco Vi	e Change Maddition
NAME	HORAN, CECELIA		2 2 NAME	901 S.E. 15th St.	$\mathcal{D}$
STREET ADDRESS	1301 S.E. THIRD AVENUE		23 STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	
CITY-ST-ZIP	DEERFIELD BEACH FL	——————————————————————————————————————	2 4 CiTY-ST-ZIP	Deerfield Beach	FL 33441
TITLE	PALMER, JANET	DELETE	3.1 TITLE 1	40000183	Change Addition
NAME	1350 SE THIRD TERRACE		3.2 NAME _		24020 24020
STREET ADDRESS	DEERFIELD BEACH FL		3.3 STREET ADDRESS	***61.25	LT OLO
CITY-ST-ZIP TITLE	VD VD	*Z70c) crc	3.4. CITY-ST-ZIP	_	
NAME	ROY, BONNIE	DELETE	4.1 TITLE	Vice tres.	☐ Change 💢 Addition
STREET ADDRESS	853 S.E. 4TH COURT		4. 2 NAME	Gillian Allsopp	D
	DEERFIELD BEACH FL		4.3 STREET ADDRESS		F 22/4/1
CITY-ST-ZIP TITLE	D DECIMICED BEACITIE	Motiere	4.4 CITY-ST-ZIP	Deerfield Bead,	FL 33441
NAME	HERNET, CAROL	DELETE	5.1 TITLE	Soft at Arms	Change Addition
STREET ADDRESS	3310 NE 26TH AVENUE		5.2 NAME	Arthur Supth	$\mathcal{D}$
	LIGHTHOUSE PT. FL		5.3 STREET ADDRESS	"U. (A.E. Y. (	
CITY-\$T-ZIP	SD SD	<b>∑</b> 1DEFE1E	5.4 CITY-ST-ZIP	tompano Bea	Ch, FL 33064
NAME	DILLEVIG, PATRICIA	Spercie	6.1 TITLE	Secretary , ,	Change Addition
	319 S.W. 34TH AVENUE		6.2 NAME	Rosemante La	voic D
STREET ADDRESS	DEERFIELD BEACH FL		6 3 STREET ADDRESS	しゅつ かん、ブサ (	J. 5
CITY-\$1-ZIP	ov certify that the information supplied w	ith this filing is valuntarily turnic	64 CITY-ST-ZIP	1 Deertiel Beach	EL 33441

To diereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 480-9543