

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # 731503 (9)

1. Corporation Name
DEERFIELD BEACH HIGH SCHOOL BAND PARENTS ASSOCIATION, INC.

Principal Place of Business

910 SW 15TH ST.
PO BOX 972
DEERFIELD BCH FL 33441
US

Mailing Address

910 SW 15TH ST.
PO BOX 972
DEERFIELD BCH FL 33441
US

3. Date Incorporated or Qualified

12/30/1974

4. FEI Number

59-1793437

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PALMER, JANET
1350 SE 3 TERR
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name Charlotte J. Vinik

82 Street Address (P.O. Box Number is Not Acceptable)
3120 NE 8th Terrace

84 City Pompano Bch

FL 85 Zip Code 33064

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME DILLEVIG, PATRICIA
STREET ADDRESS 319 S.W. 34TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

TITLE TO
NAME VINIK, CHARLOTTE
STREET ADDRESS 3120 N.E. 8TH TERR.
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE PD
NAME PALMER, JANET
STREET ADDRESS 1350 SE THIRD TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL ☒ DELETE

TITLE VD
NAME ALLSOPP, GILLIAN
STREET ADDRESS 16 SE 8 TERR
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ DELETE

TITLE D
NAME SCOTT, ARTHUR
STREET ADDRESS 3840 NE 4 AVE
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ DELETE

TITLE SD
NAME PETERSON, GISELE
STREET ADDRESS 6470 KIMBERLY BLVD.
CITY-ST-ZIP N. FT. LAUDERDALE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME CORA SMITH
1.3 STREET ADDRESS 1417 SE 2nd AVE
1.4 CITY-ST-ZIP DEERFIELD BCH FL 33441 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE PRESIDENT (PD)
4.2 NAME ALLSOPP GILLIAN
4.3 STREET ADDRESS 16 SE 8 TERR
4.4 CITY-ST-ZIP DEERFIELD BCH FL 33441 ☒ 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.

SIGNATURE: Charlotte J. Vinik Charlotte J. Vinik 9/8/98 954-943-1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)