FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -6 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734624 (0)

1. Corporation Name
AVON PARK BAND PARENTS ASSOCIATION, INC.

Principal Place of Business
700 EAST MAIN STREET
P.O. BOX 722
AVON PARK FL 33825

Mailing Address
700 EAST MAIN STREET
P.O. BOX 722
AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1975
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-6171071 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENNETT, RENEE
101 E. MAIN STREET
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name: Bettye Hart
82 Street Address (P.O. Box Number is Not Acceptable): 204 E. Pine St.
83
84 City: Avon Park, FL 85 Zip Code: 33825

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bettye L. Hart — Bettye L. Hart, Treasurer — 6-23-95
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENDRICKSON, JUDY
STREET ADDRESS	1002 W. WOLF STREET
CITY ST ZIP	AVON PARK FL
TITLE	VD
NAME	HART, BETTYE
STREET ADDRESS	204 E. PINE STREET
CITY ST ZIP	AVON PARK FL
TITLE	TD
NAME	WEAVER, CATHERIN
STREET ADDRESS	20 NORTH SUMMIT AVENUE
CITY ST ZIP	AVON PARK FL
TITLE	SD
NAME	THOMAS, NANCY
STREET ADDRESS	5536 E. ARBUCKLE ROAD
CITY ST ZIP	AVON PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☑ Change ☐ Addition
12 NAME	Nancy Thomas	
13 STREET ADDRESS	5536 E. Arbuckle Road	
14 CITY ST ZIP	Avon Park, FL 33825	
21 TITLE	PD	☑ Change ☐ Addition
22 NAME	Deborah A. Barber	
23 STREET ADDRESS	439 E. Shockley Road.	
24 CITY ST ZIP	Avon Park, FL 33825	
31 TITLE	VD	☑ Change ☐ Addition
32 NAME	Martha A. Rhymes	
33 STREET ADDRESS	2302 N. Thomas Rd.	
34 CITY ST ZIP	Avon Park, FL 33825	
41 TITLE	TD	☑ Change ☐ Addition
42 NAME	Bettye L. Hart	
43 STREET ADDRESS	204 E. Pine Street	
44 CITY ST ZIP	Avon Park, FL 33825	
51 TITLE	SD	☑ Change ☐ Addition
52 NAME	Carol McCullough	
53 STREET ADDRESS	4113 E. Kevin Rd.	
54 CITY ST ZIP	Avon Park, FL 33825	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: Bettye L. Hart — Bettye L. Hart — 6-23-95 — (941) 453-2747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057840