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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734624** (0)

1. Corporation Name

AVON PARK BAND PARENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**700 EAST MAIN STREET
P.O. BOX 722
AVON PARK FL 33825-3224**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1975		3a. Date of Last Report 02/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-6171071		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, BETTYE
204 E. PINE STREET
AVON PARK FL 33825**

81 Name	BARBER, DEBORAH
82 Street Address (P.O. Box Number is Not Acceptable)	439 E. SHOCKLEY RD.
83 P.O. Box	P.O. BOX 1877
84 City	AVON PARK
85 Zip Code	FL 33825

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 *Deborah Barber*

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	1.1 TITLE	PD
NAME	THOMAS, NANCY	1.2 NAME	MCCULLOUGH, CAROL
STREET ADDRESS	5536 E. ARBUCKLE ROAD	1.3 STREET ADDRESS	4113 E. KEVIN RD.
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	PD	2.1 TITLE	PD
NAME	BARBER, DEBORAH A.	2.2 NAME	BOOTH, CINDY
STREET ADDRESS	439 E. SHOCKLEY ROAD	2.3 STREET ADDRESS	2042 CARDINAL RD.
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VD	3.1 TITLE	VD
NAME	RYMES, MARTHA A.	3.2 NAME	WESTER, CINDY
STREET ADDRESS	2302 N. THOMAS ROAD	3.3 STREET ADDRESS	102 E. MONROE ST.
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	TD	4.1 TITLE	TD
NAME	HART, BETTYE L.	4.2 NAME	BARBER, DEBORAH
STREET ADDRESS	204 E. PINE STREET	4.3 STREET ADDRESS	439 E. SHOCKLEY RD.
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	SD	5.1 TITLE	SD
NAME	MCCULLOUGH, CAROL	5.2 NAME	HELMS, MARY F.
STREET ADDRESS	4113 E. KEVIN ROAD	5.3 STREET ADDRESS	313 E. CAMPHOR ST.
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)