FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principa* Place of Business

% KING HIGH SCHOOL

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Zip

6815 NORTH 56TH STREET

TEMPLE TERRACE FL 33617

Suite, Apt. #, etc.

KING, JOHN M

6407 S. QUEENSWAY DRIVE

TEMPLE TERRACE FL 33617

City & State

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(9)

Mailing Address

2a. Mailing Address

City & State

Zip

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TEMPLE TERRACE FL 33687

Suite, Apt. #, etc.

PO BOX 290012

KING HIGH SCHOOL MUSIC CLUB, INC.

Country

9. Name and Address of Current Registered Agent

Feb 06 1998 8:00am Secretary of State 3. Date Incorporated or Qualified 03/04/1976 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 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 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

FILED

Country

81 Name

83

84 City

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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				
			egistered Agent signature required when reinstating) DATE	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	KING, JOHN M		1.2 NAME	
Street address	6407 S. QUEENSWAY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIF	TEMPLE TERRACE FL 33617		1.4 CITY-ST-ZIP	<u> </u>
TITLE	VPD	DELETE	2.1 TITLE	Change Addition
NAME	KING, CHERYL M.		2.2 NAME	<u> </u>
STREET ADDRESS	6407 S QUEENSWAY DR		2.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE FL		2. 4 CITY - ST-ZIP	
TITLE	\$	DELETE	3.1 TITLE	Change X Addition
NAME	NOVO, DENISE		3.2 NAME	Terry Ann Cielius KI
STREET ADDRESS	1904 CROWN PARK DR		3.3 STREET ADDRESS	4703 Dunguin Ph
CITY-ST-ZIP	VALRICO FL		3.4. CITY-ST-ZIP	Terry Ann Zielinski 4703 Dunguch ph Tampa, E-Lorda 33610
TITLE	TD	DELETE	4.1 TITLE	Change Addition
NAME	CURRY, JILL		4. 2 NAME	
STREET ADDRESS	209 WILLOWICK AVE		4.3 STREET ADDRESS	
CITY-ST-ZiP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP	
TITLE	D	DELETE .	5.1 TITLE	Change Addition
NAME	JOHNSTON, MICHAEL		5.2 NAME	
STREET ADDRESS	6304 113TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		5.4 CITY-ST-ZIP	
TITLE	Ď	DELETE	6,1 TITLE	Change Addition
NAME	GRIFFIN, MARY		6.2 NAME	
STREET ADDRESS	3209 KING CHARLES COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL		6.4 CITY-ST-ZIP	

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.

REOWRED

SIGNATURE:

<u>813-276-1070</u>

Zip Code