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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735129

1. Corporation Name
KING HIGH SCHOOL MUSIC CLUB, INC.

Principal Place of Business	Mailing Address
% KING HIGH SCHOOL 6815 NORTH 56TH STREET TEMPLE TERRACE FL 33617	PO BOX 290012 TEMPLE TERRACE FL 33687 US

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)

3. Date Incorporated or Qualifed
03/04/1976

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

KING, JOHN M
6407 S. QUEENSWAY DRIVE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name: Chris Griffin
82 Street Address (P.O. Box Number is Not Acceptable): 3209 King Charles Circle
83
84 City: Seffner FL 85 Zip Code: 33584

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: Chris A. Griffin — 1-25-99
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	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	KING, JOHN M		1.2 NAME	~~Chris~~ Griffin, ~~Jon~~ Chris	
STREET ADDRESS	6407 S. QUEENSWAY DRIVE		1.3 STREET ADDRESS	3209 King Charles Circle	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		1.4 CITY-ST-ZIP	Seffner, FL 33584	
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	KING, CHERYL M.		2.2 NAME	Hamilton, Linda	
STREET ADDRESS	6407 S QUEENSWAY DR		2.3 STREET ADDRESS	9309 Alanbrooke Dr.	
CITY-ST-ZIP	TEMPLE TERRACE FL		2.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	S	☐ DELETE	3.1 TITLE	VPD	☐ Change ☑ Addition
NAME	TERRY ANN ZIELINSKI		3.2 NAME	Sloeper, Brent	
STREET ADDRESS	4703 DUNQUIN PL		3.3 STREET ADDRESS	1915 47th St. South	
CITY-ST-ZIP	TAMPA FL 33610		3.4 CITY-ST-ZIP	Tampa, FL 33619	
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	D	☐ 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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jill R. Curry 2/7/99 980-3140(413)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #