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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

/71

	L SPRINGS BAND PARENT			100				
_	e of Business	Mailing Address	-,		. ************************************	HO ETH EIEN 31	III 416 11 3 18	4
BAN DEPAR		7201 W SAMPLE RD C/O MARIE BOVENZI						
	SS. FL 33065	CORAL SPRINGS FL 330	65		3. Date Incorporated or Qualified	1 20 0	ate of Lead	Donast
US		US			12/13/1976	l l	ate of Last 05/30/1	•
- ·	Place of Business	2a. Mailing Address		A . 4 \	4. FEI Number			Applied For
1		26 8 2 2 2 W	ILES	ROAD	34-4422267			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc. 27 5'U / TE 6	182		5. Certificate of Status Desired			5 Additional
City & Stal	te	City & State	- 000		6 Fination Community Florida			Required
3		28 CORAL SA	RIWE	65 FL	Election Campaign Financing Trust Fund Contribution			May Be od to Fees
Zip	Country	Zip z o / M	Country		8. This corporation has liability for	intanoible ta		
4	25		30 BRC	DWARD	Florida Statutes	🗌 Yes 🔀	No	
	9. Name and Address of Currer	it negistered Agent	81	Name	10. Name and Address of New F	Registered .	Agent	
CONE	LEDOV							
COHEN, JERRY C/O CSHS BAND DIRECTOR			62	62 Street Address (P.O. Box Number is Not Accepta			•	
	SAMPLE RD		83		78-11			·····
	SPRINGS FL 33065							
			B4	City		FL	85 Zi	p Code
11 Purcunat	to the provisions of Sections 617 0503							
or registe	red agent or both in the State of Flori	and 617.1508, Florida Statutes,	the above-n	amed corpora	tion submits this statement for the pur	rpose of cha	inging its i	egistered office
	red agent, or both, in the State of Flori rith, and accept the obligations of, Sect		the above-n by the corpo	named corporation's board	tion submits this statement for the pur of directors. I hereby accept the app	rpose of cha cointment as	inging its i registered	egistered offici I agent. I am
familiar w	ith, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	r by the corp.	oration's doard	of orectors. I hereby accept the app	rpose of cha ointment as	inging its i registered	egistered offici I agent. I am
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SIGNATURE: 🔟

path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Ottoticos, and Managers in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

| Comparison of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Ottoticos, and Managers in Block 12 or Block 13 if changed, or on an attachment with an address.

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