

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737520 (7)

1. Corporation Name

CORAL SPRINGS BAND PARENTS ASSOC., INC.



Principal Place of Business

Mailing Address

CORAL SPRINGS HIGH SCHOOL
BAN DEPARTMENT
CORAL SPGS. FL 33065
US

7201 W SAMPLE RD
C/O MARIE BOVENZI
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified
12/13/1976

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

8222 WILES ROAD

4. FEI Number

34-4422267

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

SUITE 282

City & State

City & State

23

28

CORAL SPRINGS, FL

Zip

Country

Zip

Country

24

25

29

33067

30

BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, JERRY
C/O CSHS BAND DIRECTOR
7201 W SAMPLE RD
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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
NAME COHEN, JERRY
STREET ADDRESS 5322 NW 84TH WAY
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME LINDHOLM, JOANNE
STREET ADDRESS 4901 N RIVERSIDE DR
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME DILL, LARRY
STREET ADDRESS 5444 NW 83RD WAY
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME COWARD, CHRISTINE
STREET ADDRESS 5241 NW 90TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE DILL 4/24/96 (305)

Date

Daytime Phone

CR2E037 (12/95)