


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90107 027 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737520**

1. Corporation Name

**CORAL SPRINGS BAND PARENTS ASSOC., INC.**

473714 - 90107 - 27

Principal Place of Business  
**CORAL SPRINGS HIGH SCHOOL  
BAN DEPARTMENT  
CORAL SPGS. FL 33065  
US**

Mailing Address  
**8222 WILES ROAD  
SUITE 282  
CORAL SPRINGS FL 33067  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/13/1976</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>34-4422267</b>	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		Trust Fund Contribution	
Zip		Zip			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

**COHEN, JERRY  
% CSHS BAND DIRECTOR  
8222 WILES RD, SUITE 282  
CORAL SPRINGS FL 33067-1900**

10. Name and Address of New Registered Agent

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, JERRY			1.2 NAME	PAUL KONSVAUGE		
STREET ADDRESS	5322 NW 84TH WAY			1.3 STREET ADDRESS	2161 NW 70 LANE		
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-ST-ZIP	MAR 6 AVE, FL. 33063		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDHOLM, JOANNE			2.2 NAME			
STREET ADDRESS	4901 N RIVERSIDE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILL, LAWRENCE M			3.2 NAME			
STREET ADDRESS	5444 NW 83RD WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COWARD, CHRISTINE			4.2 NAME			
STREET ADDRESS	5241 NW 90TH TERRACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

*Lawrence M. Dill* **LAWRENCE M. DILL** 4/27/99 954-758-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)