

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 # **741631** (6)
1. Corporation Name
LAKELAND SCHOOLS ORCHESTRA ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 2563 P.O. BOX 2563
LAKELAND FL 33806 LAKELAND FL 33806

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1978		3a. Date of Last Report 03/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1800553		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VICE - PRESIDENT Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOUCHTON, BECKY			1.2 NAME	JANE GRIZZARD		
STREET ADDRESS	1009 SOUTH BOULEVARD			1.3 STREET ADDRESS	119 OAK SQUARE SOUTH		
CITY-ST-ZIP	LAKELAND, FL 00000			1.4 CITY-ST-ZIP	LAKELAND FL 33813		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNTER, MACE			2.2 NAME			
STREET ADDRESS	2210 SUGAR CREEK DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 00000			2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERSON, VALERIE			3.2 NAME			
STREET ADDRESS	4648 S TERRY AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITEHILL, LYNN			4.2 NAME			
STREET ADDRESS	5814 COLONY PLACE CT			4.3 STREET ADDRESS	900001812059		
CITY-ST-ZIP	LAKELAND, FL 00000			4.4 CITY-ST-ZIP	-05/07/96--01158--010		
TITLE	VICE - PRESIDENT	<input type="checkbox"/> DELETE		5.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JANE GRIZZARD			5.2 NAME			
STREET ADDRESS	119 OAK SQUARE SOUTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813			5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: *Lynn D. Whitehill* 2/5/96 (941) 648-5803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)