

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 022 ****61.25

DOCUMENT # 741631

I. Corporation Name

LAKELAND SCHOOLS ORCHESTRA ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 2563
LAKELAND FL 33806

Mailing Address

P.O. BOX 2563
LAKELAND FL 33806



* 6 613424 - 90005 - 22 4 *



| | | | | | |
|---|--|------------------------|--|---|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/16/1978 | |
| Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-1800553 | |
| City & State | | 27 City & State | | Applied For Not Applicable | |
| Zip Country | | 28 Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 Zip Code | |

I. 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

| 2. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------|------------------------------------|---|---|
| LE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | CATHER, GAYLE | 1.2 NAME | CHARLENE AKES |
| REET ADDRESS | 641 LONE PALM DR | 1.3 STREET ADDRESS | 603 PALMORE COURT |
| Y-ST-ZIP | LAKELAND FL 33815 | 1.4 CITY-ST-ZIP | LAKELAND FL 33813 |
| LE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | GRIZZARD, JANE | 2.2 NAME | LYNN M. GARIFI |
| REET ADDRESS | 119 OAK SQUARE S | 2.3 STREET ADDRESS | 4929 CHERYL STREET |
| Y-ST-ZIP | LAKELAND FL 33803 | 2.4 CITY-ST-ZIP | LAKELAND FL 33813 |
| LE | S <input type="checkbox"/> DELETE | 3.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | PERRY, MARY BETH | 3.2 NAME | BRENDA HORNICKLE |
| REET ADDRESS | 554 PABLO ST | 3.3 STREET ADDRESS | 742 SAGEWOOD DRIVE |
| Y-ST-ZIP | LAKELAND FL 33803 | 3.4 CITY-ST-ZIP | LAKELAND FL 33813 |
| LE | <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| ME | | 4.2 NAME | SHERI GOODLET |
| REET ADDRESS | | 4.3 STREET ADDRESS | 1227 FAIRLEE STREET |
| Y-ST-ZIP | | 4.4 CITY-ST-ZIP | LAKELAND FL 33813 |
| LE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 5.2 NAME | |
| REET ADDRESS | | 5.3 STREET ADDRESS | |
| Y-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| LE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 6.2 NAME | |
| REET ADDRESS | | 6.3 STREET ADDRESS | |
| Y-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRENDA HORNICKLE

08/30/99

941-617-4155

Date

Daytime Phone #

CR2E037 (5/99)