

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

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1. Corporation Name

PALM SPRINGS JUNIOR HIGH BAND PARENTS ASSOCIATIO
N, INC.

Principal Place of Business

1025 W. 56 PLACE
HIALEAH FL 33012

Mailing Address

1025 W. 56 PLACE
HIALEAH FL 33012



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/11/1983

4. FEI Number

59-6000572

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

9. Name and Address of Current Registered Agent

PRIETO, ZOE MARIA
5892 W. 2 CT.
HIALEAH FL 33012

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

1/11/99

12. OFFICERS AND DIRECTORS

TITLE VPDS
NAME PYLES, MARIENELA
STREET ADDRESS 1025 W. 56 PLACE
CITY-ST-ZIP HIALEAH FL 33012

DELETED

TITLE PD
NAME PRIETO, ZOE
STREET ADDRESS 5892 W. 2 CT.
CITY-ST-ZIP HIALEAH FL 33012

DELETED

TITLE SD
NAME ABREU, NANCY
STREET ADDRESS 5770 NW 114TH ST
CITY-ST-ZIP HIALEAH FL

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

T Maria De La Hoz.
430 W. 56 ST
Hialeah, FL 33012

Change Addition

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

Change Addition

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

SD Jannette Cordova.
6305 W. 8 Ave
Hialeah, FL 33012

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

822-7679

Daytime Phone #

CR2E037 (1/98)