

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769494 (6)

1. Corporation Name

KATHLEEN SENIOR HIGH SCHOOL BAND PARENTS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2600 CRUTCHFIELD RD
LAKELAND FL 338052600 CRUTCHFIELD RD
LAKELAND FL 33805-39333. Date Incorporated or Qualified
07/20/19833a. Date of Last Report
02/28/1996

4. FEI Number

59-2298135

Applied For
If Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, CLINTON
2600 CRUTCHFIELD RD
LAKELAND FL 33805

81 Name

Luis P. Alvarez

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

2600 Crutchfield Rd

83

84 City

Lakeland

FL

85 Zip Code

33805

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

4/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SARGEANT, SUSAN	
STREET ADDRESS	5101 KNIGHTS STATION RD.	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, ROBBIE	
STREET ADDRESS	1725 BANANA RD.	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES, BECKY	
STREET ADDRESS	608 YOUNG PLACE	
CITY - ST - ZIP	LAKELAND FL 33803	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ASHLEY, LEE	
STREET ADDRESS	9135 MAX CASH RD.	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, PETE	
STREET ADDRESS	P.O. BOX 136 N/A	
CITY - ST - ZIP	KATHLEEN FL 33849	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DORMAN, KATHY	
STREET ADDRESS	7010 FOX CHASE DRIVE	
CITY - ST - ZIP	LAKELAND FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilder, Ron	
1.3 STREET ADDRESS	1212 S. Plateau Ave	
1.4 CITY - ST - ZIP	Lakeland FL 33801	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miller, Robbie	
2.3 STREET ADDRESS	1725 Banana Rd	
2.4 CITY - ST - ZIP	Lakeland FL 33810	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sargeant, Susan	
3.3 STREET ADDRESS	5101 Knights Station Rd	
3.4 CITY - ST - ZIP	Lakeland FL 33801	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ashley, Lee	
4.3 STREET ADDRESS	9135 Max Cash Rd	
4.4 CITY - ST - ZIP	Lakeland FL 33810	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wilder, Doty	
5.3 STREET ADDRESS	1212 S Plateau Ave	
5.4 CITY - ST - ZIP	Lakeland FL 33801	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pam MacNamee	
6.3 STREET ADDRESS	10521 Sherrypuse Rd	
6.4 CITY - ST - ZIP	Lakeland FL 33810	

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4-21-97

941-683-6404

Date

Daytime Phone # 000-0000

CR2E037 (9/96)

5-16-97