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FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769494** (6)

1. Corporation Name

KATHLEEN SENIOR HIGH SCHOOL BAND PARENTS' ASSOCIATION, INC.

Principal Place of Business

**2600 CRUTCHFIELD RD
LAKELAND FL 33805**

Mailing Address

**2600 CRUTCHFIELD RD
LAKELAND FL 33805**



3. Date Incorporated or Qualified

07/20/1983

4. FEI Number

59-2298135

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVAREZ, LUIS P
2600 CRUTCHFIELD RD
LAKELAND FL 33805**

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	S	<input checked="" type="checkbox"/> DELETE
NAME	SARGEANT, SUSAN	
STREET ADDRESS	5101 KNIGHTS STATION RD.	
CITY-ST-ZIP	LAKELAND FL 33809	

1.1 TITLE	VD	Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miller, William	
1.3 STREET ADDRESS	1725 Banana Rd	
1.4 CITY-ST-ZIP	Lakeland FL 33810	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, ROBBIE	
STREET ADDRESS	1725 BANANA RD.	
CITY-ST-ZIP	LAKELAND FL 33809	

2.1 TITLE	PD	Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33810	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MACNAMEE, PAM	
STREET ADDRESS	10521 SHERROUSE ROAD	
CITY-ST-ZIP	LAKELAND FL 33810	

3.1 TITLE		Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ASHLEY, LEE	
STREET ADDRESS	9135 MAX CASH RD.	
CITY-ST-ZIP	LAKELAND FL 33809	

4.1 TITLE		Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33810	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILDER, DOTY	
STREET ADDRESS	1212 S. PLATEAU AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	

5.1 TITLE		Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DORMAN, KATHY	
STREET ADDRESS	7010 FOX CHASE DRIVE	
CITY-ST-ZIP	LAKELAND FL	

6.1 TITLE		Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

[Signature]

3-12-98

CP2E037 (10/97)