

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 769494**

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

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90007 022 \*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/20/1983

22 City & State

27 City & State

4. FEI Number  
59-2298135

Applied For  
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. 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 VD ☒ DELETE  
NAME MILLER, WILLIAM  
STREET ADDRESS 1725 BANANA RD  
CITY-ST-ZIP LAKELAND FL 33810

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Sarah Raulerson  
1.3 STREET ADDRESS 2630 Wiregrass Rd.  
1.4 CITY-ST-ZIP Lakeland, FL 33810

TITLE PD ☒ DELETE  
NAME MILLER, ROBBIE  
STREET ADDRESS 1725 BANANA RD.  
CITY-ST-ZIP LAKELAND FL 33810

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Debbie Parker  
2.3 STREET ADDRESS 3217 Cherry Hill Ct.  
2.4 CITY-ST-ZIP Lakeland, FL 33810

TITLE V ☒ DELETE  
NAME MACNAMEE, PAM  
STREET ADDRESS 10521 SHERROUSE ROAD  
CITY-ST-ZIP LAKELAND FL 33810

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME Ronda Mayes  
3.3 STREET ADDRESS 627 Young Pl  
3.4 CITY-ST-ZIP Lakeland, FL 33803

TITLE TD ☒ DELETE  
NAME ASHLEY, LEE  
STREET ADDRESS 9135 MAX CASH RD.  
CITY-ST-ZIP LAKELAND FL 33810

4.1 TITLE S ☒ Change ☐ Addition  
4.2 NAME Nancy Guran  
4.3 STREET ADDRESS 7551 Eastview Pl  
4.4 CITY-ST-ZIP Lakeland, FL 33810

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Robert L. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/99

858-0748

Date

Daytime Phone #

CR2E037 (11/98)