

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 AUG 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07658** (0)
1. Corporation Name
**HOMESTEAD SENIOR HIGH SCHOOL BAND PATRONS ASSOC.
, INC.**

Principal Place of Business

2351 SE 12TH AVE.
BAND ROOM
HOMESTEAD FL 33035
US

Mailing Address

2351 SE 12TH AVE.
BAND ROOM
HOMESTEAD FL 33035
US



500001939955
-09/05/96-01073-020
*****61.25 *****61.25

3. Date Incorporated or Qualified
02/15/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **2351 SE 12th AVE**

2a. Mailing Address

26 **2351 SE 12th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **BAND ROOM**

27 **BAND ROOM**

City & State

City & State

23 **HOMESTEAD, FL**

28 **HOMESTEAD, FL**

Zip

Country

Zip

Country

24 **33034**

25 **U.S.A.**

29 **33034**

30 **U.S.A.**

4. FEI Number
59-2514976

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COURT SERVICE, INC.
DEPARTMENT 700732
MIAMI FL 33170-0732**

10. Name and Address of New Registered Agent

81 Name **Michael C. CAFARO**
82 Street Address (P.O. Box Number is Not Acceptable)
Palms Professional Plaza
83 **100 NE 15 St. Suite 103-C**
84 City **HOMESTEAD** FL 85 Zip Code **33030**

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 **Michael C. CAFARO - Treasurer**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/8/96
DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	DANIELS, KANOI	2351 SE 12TH AVE.	HOMESTEAD FL 33035	<input checked="" type="checkbox"/>
VD	MENESIS, ELIAS	2351 SE 12TH AVE.	HOMESTEAD FL 33035	<input checked="" type="checkbox"/>
SD	CORONADO, IRA S	2351 SE 12TH AVE.	HOMESTEAD FL 33035	<input checked="" type="checkbox"/>
TD	CAFARO, MIKE	2351 SE 12TH AVE.	HOMESTEAD FL 33035	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	MENESIS, ELIAS	2351 SE 12th AVE	HOMESTEAD, FL. 33034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	MORENO, NICOLAS	2351 SE 12th AVE	HOMESTEAD, FL. 33034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	PACHELO, ESAIAS	2351 SE 12th AVE	HOMESTEAD, FL. 33034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	CAFARO, Michael C.	2351 SE 12th AVE	HOMESTEAD, FL. 33034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JD	REED, MARY	2351 SE 12th AVE	HOMESTEAD, FL. 33034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Michael C. CAFARO - Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/96 (305) 245-7000
DATE Daytime Phone #

CR2E037 (3/96)