SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 23 1998 8:00am
Secretary of State

DOCUMENT # N07658 (0)

1. Corporation Name

HOMESTEAD SENIOR HIGH SCHOOL BAND PATRONS ASSOC. , INC.

Principal Place of Business	Mailing Address
2351 SE 12TH AVE. BAND ROOM HOMESTEAD FL 33035 US	2351 SE 12TH AVE. BAND ROOM HOMESTEAD FL 33035 US

3. Date Incorporated or Qualified: 02/15/1985

4. FEI Number: 59-2514976 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANGUIANO, LETICIA
28801 SW 157TH AVE
HOMESTEAD FL 33033

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	COOPER, RUSSELL P		1.2 NAME	Kish, Patricia K.	
STREET ADDRESS	2351 SE 12TH AVE.		1.3 STREET ADDRESS	2351 S.E. 12th Avenue	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	Homestead, FL 33035	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HARRIS, JENNIFER C		2.2 NAME	Dodson, Barbara	
STREET ADDRESS	2351 SE 12TH AVE.		2.3 STREET ADDRESS	2351 S.E. 12th Avenue	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	Homestead, FL 33035	
TITLE	TD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ANGUIANO, LETICIA		3.2 NAME	Betancourt, Lizette	
STREET ADDRESS	28801 SW 157TH AVE		3.3 STREET ADDRESS	2351 S.E. 12th Avenue	
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP	Homestead, FL 33035	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REED, MARY		4.2 NAME		
STREET ADDRESS	2351 SE 12TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REED, MARY		5.2 NAME		
STREET ADDRESS	2351 SE 12TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33034		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Leticia Anguiano Leticia Anguiano 8/13/98 (305) 245-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #