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Feb 15, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07658

1. Corporation Name

HOMESTEAD SENIOR HIGH SCHOOL BAND PATRONS ASSOC.
INC.

Principal Place of Business

2351 SE 12TH AVE.
BAND ROOM
HOMESTEAD FL 33034
US

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/15/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2514976	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country			
25		30			

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
85	Zip Code

FL

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	PD	1.1 TITLE	
NAME	KISH, PATRICIA K.	1.2 NAME	
STREET ADDRESS	2351 SE 12TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33035	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	DODSON, BARBARA	2.2 NAME	
STREET ADDRESS	2351 SE 12TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33035	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	ANGUIANO, LETICIA	3.2 NAME	
STREET ADDRESS	28801 SW 157TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BETANCOURT, LIZETTE	4.2 NAME	
STREET ADDRESS	2351 SE 12TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33035	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  Leticia Anguiano

1/21/99 (305) 245-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)