FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15060 (9)

1. Corporation Name

SOUTHWEST MIDDLE SCHOOL BAND PARENTS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
C/O JAY STRIKE 2815 SOUTH EDEN PARKWAY LAKELAND FL 33803	C/O JAY STRIKE 2815 SOUTH EDEN PARKWAY LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1986
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-0475190 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STRIKE, JAY
2815 SOUTH EDEN PARKWAY
LAKELAND FL 33803

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HASKEW, MURRAY	1.2 NAME	WAYNE BICKFORD	
STREET ADDRESS	1315 PARKER RD.	1.3 STREET ADDRESS	1525 EASTON DR	
CITY-ST-ZIP	LAKELAND FL 33811	1.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	HASKEW, MELODY	2.2 NAME	MARIE BICKFORD	
STREET ADDRESS	1315 PARKER RD.	2.3 STREET ADDRESS	1525 EASTON DR	
CITY-ST-ZIP	LAKELAND FL 33811	2.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	THOMPSON, INA	3.2 NAME	BEVERLY KELLY	
STREET ADDRESS	624 S. EL CAMINO REAL	3.3 STREET ADDRESS	824 BROOKWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	FETTER, BRIDGETT	4.2 NAME	PAM SMITH	
STREET ADDRESS	3811 ERIC ST.	4.3 STREET ADDRESS	3111 NORETTA LN	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ROBERTSON, SHERRY	5.2 NAME	JANICE SHIVER	
STREET ADDRESS	5105 FOREST GREEN DR. W.	5.3 STREET ADDRESS	5505 LYNN RD	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MANN, KATHY	6.2 NAME	KAREN FAIR	
STREET ADDRESS	1348 CHERRY LN.	6.3 STREET ADDRESS	1327 FALCON RD	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	LAKELAND FL 33811	

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)(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: Wayne Bickford WAYNE BICKFORD 4/27/95 813.687.6194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000015