

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N15060 (9)

1. Corporation Name

SOUTHWEST MIDDLE SCHOOL BAND PARENTS ASSOCIATION  
, INC.

Principal Place of Business

C/O JAY STRIKE  
2815 SOUTH EDEN PARKWAY  
LAKELAND FL 33803

Mailing Address

C/O JAY STRIKE  
2815 SOUTH EDEN PARKWAY  
LAKELAND FL 33803



3. Date Incorporated or Qualified

05/22/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRIKE, JAY  
2815 SOUTH EDEN PARKWAY  
LAKELAND FL 33803

81 Name

Jeff Cayer

82 Street Address (P.O. Box Number is Not Acceptable)

83

2815 South Eden Parkway

84 City

Lakeland

FL

85

Zip Code  
33803

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 still eligible

Jeff Cayer

2/12/96

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BICKFORD, WAYNE  
STREET ADDRESS 1525 EASTON RD  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

1.1 TITLE PD  
1.2 NAME Sullivan, Matt  
1.3 STREET ADDRESS 637 Sagamore St  
1.4 CITY-ST-ZIP Lakeland FL 33803

☒ Change ☐ Addition

TITLE TD  
NAME BICKFORD, MARIE  
STREET ADDRESS 1525 EASTON DR  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

2.1 TITLE TD  
2.2 NAME Sullivan, Sandra  
2.3 STREET ADDRESS 637 Sagamore St  
2.4 CITY-ST-ZIP Lakeland, FL 33803

☒ Change ☐ Addition

TITLE SD  
NAME KELLY, BEVERLY  
STREET ADDRESS 824 BROOKWOOD DR  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

3.1 TITLE SD  
3.2 NAME Marslet Smith  
3.3 STREET ADDRESS 2709 Foremont Ave  
3.4 CITY-ST-ZIP Lakeland FL 33803

☒ Change ☐ Addition

TITLE D  
NAME SMITH, PAM  
STREET ADDRESS 2111 NORETTA LN  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME SHIVER, JANICE  
STREET ADDRESS 5505 LUNN RD  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME FAIR, KAREN  
STREET ADDRESS 1327 PARKER RD  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Sandra Sullivan Sandra Sullivan TD 2/12/96 683-3658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)