

**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 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**  
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

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

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  
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 *Jeff Cayer* **Jeff Cayer** DATE **2/12/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BICKFORD, WAYNE</b>	
STREET ADDRESS	<b>1525 EASTON RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BICKFORD, MARIE</b>	
STREET ADDRESS	<b>1525 EASTON DR</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>KELLY, BEVERLY</b>	
STREET ADDRESS	<b>824 BROOKWOOD DR</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, PAM</b>	
STREET ADDRESS	<b>2111 NORETTA LN</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHIVER, JANICE</b>	
STREET ADDRESS	<b>5505 LUNN RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>FAIR, KAREN</b>	
STREET ADDRESS	<b>1327 PARKER RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sullivan, Matt</b>	
1.3 STREET ADDRESS	<b>637 Sagamore St</b>	
1.4 CITY - ST - ZIP	<b>Lakeland FL 33803</b>	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sullivan, Sandra</b>	
2.3 STREET ADDRESS	<b>637 Sagamore St</b>	
2.4 CITY - ST - ZIP	<b>Lakeland, FL 33803</b>	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Marslet Smith</b>	
3.3 STREET ADDRESS	<b>2709 Foremont Ave</b>	
3.4 CITY - ST - ZIP	<b>Lakeland FL 33803</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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** DATE **2/12/96** PHONE # **683-3658**

CR2E037 (12/95)