

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N15887 (5)
 1. Corporation Name
CHORAL PARENTS' ASSOCIATION OF W.H.H.S., INC.



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| Principal Place of Business 600-6TH STREET, S.E. P.O. BOX 2415 WINTER HAVEN FL 33883-2415 | Mailing Address 600-6TH STREET, S.E. P.O. BOX 2415 WINTER HAVEN FL 33883-2415 |
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|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/16/1986 | 3a. Date of Last Report 09/11/1995 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2779199 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|------------------------------|----|--|--|
| 9. Name and Address of Current Registered Agent JOINER, JAMES T. 190 AVENUE A, N.W. WINTER HAVEN FL 33880 | | | | 10. Name and Address of New Registered Agent | |
| 81 | Name | Poland, Glenda | | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 3 Tera Lane SW | | | |
| 83 | City | Winter Haven FL 33880 | | | |
| 84 | State | 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 Glenda Poland 2/6/96
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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|----------------------------|------|--------------------|--|---|----------|--------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| | PD | OVERSTREET, DENISE | 4225 THOMAS WOOD LANE WINTER HAVEN FL 33880 | | PD | Zalk, Vickie | 408 Coleman Drive Winter Haven FL 33884 |
| | VD | ZALK, KENNY | 408 COLEMAN DRIVE SE WINTER HAVEN FL 33884 | | VD | Short, Greg | 4042 Doral Winter Haven FL 33884 |
| | SD | RENNIE, SARAH | 136 KNOLLWOOD DRIVE WINTER HAVEN FL 33881 | | SD | Short, Becky | 4042 Doral Winter Haven FL 33884 |
| | DT | JOINER, JAMES | 101 LOCHEN DRIVE SE WINTER HAVEN FL 33884 | | TD | Poland, Glenda | 3 Tera Lane SW Winter Haven FL 33880 |
| | APC | POLAND, GLENDA | 3 TERRA LANE SW WINTER HAVEN FL 33880 | | APC | Black, Martha | 414 - 7th St. NE Winter Haven FL 33881 |
| | AUC | KINGHAM, BONNIE | 6 CATCUS CIRCLE SW WINTER HAVEN FL 33880 | | AUC | Carns, Pamela | 105 Buchanan Rd Winter Haven FL 33884 |

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: Glenda Poland 2/6/96 941-293-5778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)