

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

1997 OCT 23 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N15887 (5)

1. Corporation Name

CHORAL PARENTS' ASSOCIATION OF W.H.H.S., INC.

Principal Place of Business

Mailing Address

600-6TH STREET, S.E.
P.O. BOX 2415
WINTER HAVEN FL 33883-2415

600-6TH STREET, S.E.
P.O. BOX 2415
WINTER HAVEN FL 33883-2415

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/16/1986

3a. Date of Last Report
03/11/1996

4. FEI Number

APPLIED FOR 59-2779199

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

10. Name and Address of New Registered Agent

GLENDIA, POLAND
3 TERA LANE SW
WINTER HAVEN FL 33880

81 Name

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

83

84 City

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

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 ☐ DELETE

NAME ZALK, VICKIE
STREET ADDRESS 408 COLEMAN DR
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

300002329103-9
-10/24/97-01080-013
*****61.25 *****61.25

TITLE VD ☒ DELETE

NAME SHORT, GREG
STREET ADDRESS 4042 DORAL
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME SHORT, BECKY
STREET ADDRESS 4042 DORAL
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE

NAME POLAND, GLENDIA
STREET ADDRESS 3 TERA LANE SW
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE APC ☐ DELETE

NAME BLACK, MARTHA
STREET ADDRESS 414-7TH ST NE
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE Vice President ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AUC ☐ DELETE

NAME CARNS, PAMELA
STREET ADDRESS 105 BUCHANAN RD
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE Treasurer ☒ Change ☐ 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 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.

CR2E037 (9/96)