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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**GLENDIA, POLAND
3 TERA LANE SW
WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified
07/16/1986

4. FEI Number
59-2779199

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
Cheryl Piper

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

83

84 City
Winter Haven **FL** 85 Zip Code
33884

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 *Cheryl Piper* **Cheryl Piper, Treasurer** **3/8/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZALK, VICKIE	
STREET ADDRESS	408 COLEMAN DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHORT, BECKY	
STREET ADDRESS	4042 DORAL	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, MARTHA	
STREET ADDRESS	414 7TH STREET N.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARNS, PAMELA	
STREET ADDRESS	105 BUCHANAN RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Knowles, Mary Anne	
1.3 STREET ADDRESS	210 Kilmer Lane	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Groover, Debbie	
2.3 STREET ADDRESS	603 14th Street NE	
2.4 CITY-ST-ZIP	Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rasmussen, Shannon	
3.3 STREET ADDRESS	252 Alachua Drive	
3.4 CITY-ST-ZIP	Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Piper, Cheryl	
4.3 STREET ADDRESS	993 Willowbrook Court	
4.4 CITY-ST-ZIP	Winter Haven, FL 33884	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE *Cheryl Piper* **Cheryl Piper** **3/8/98** **941-533-4276**

CR2E037 (10/97)