FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 OCT 26 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15887**

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2779199 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PIPER, CHERYL
993 WILLOWBROOK COURT
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name: Susan Westerman
82 Street Address (P.O. Box Number is Not Acceptable): 1417 Ave D NE
83:
84 City: Winter Haven FL 85 Zip Code: 33881

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: Susan D. Westerman treasurer — Susan D. Westerman — 8/23/99
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	1.1 TITLE	☑ Change ☐ Addition
NAME	KNOWLES, MARY ANNE		1.2 NAME	D RASMUSSEN, SHANNON
STREET ADDRESS	210 KILMER LN		1.3 STREET ADDRESS	252 ALACHUA DR
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	SD	☑ DELETE	2.1 TITLE	VP ☐ Change ☑ Addition
NAME	GROOVER, DEBBIE		2.2 NAME	D MARYELLEN HERNANDEZ
STREET ADDRESS	603 14TH ST NE		2.3 STREET ADDRESS	5620 STRUTHERS COURT
CITY-ST-ZIP	WINTER HAVEN FL 33881		2.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	V	☑ DELETE	3.1 TITLE	S ☐ Change ☑ Addition
NAME	RASMUSSEN, SHANNON		3.2 NAME	D SUSAN JONES
STREET ADDRESS	252 ALACHUA DR		3.3 STREET ADDRESS	1509 AVENUE D NE
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	T	☑ DELETE	4.1 TITLE	T ☐ Change ☑ Addition
NAME	PIPER, CHERYL		4.2 NAME	D SUSAN WESTERMAN
STREET ADDRESS	993 WILLOWBROOK CT		4.3 STREET ADDRESS	1417 AVENUE D NE
CITY-ST-ZIP	WINTER HAVEN FL 33884		4.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	700003040207--0
STREET ADDRESS			5.3 STREET ADDRESS	-11/09/99--01088--008
CITY-ST-ZIP			5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SUSAN D. WESTERMAN REQUIRED Susan D. Westerman 8/23/99 941-291-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)