

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **X/15887**

1. Entity Name

Choral Parents' Association of W.H.H.S. INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90023 016 ****61.25

00072464

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**600 6th Street S.E
Winter Haven, FL.
33880**

Mailing Address

**P.O. Box 2415
WINTER HAVEN, FL.
33883-2415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2779199

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Susan Westerman
1417 Ave D. N.E.
WINTER HAVEN, FL.
33881**

Name

Shannon C. Rasmussen

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

252 Alachua Dr

Winter Haven, FL.

City

FL

Zip Code

33884

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Shannon C. Rasmussen**

Signature typed or printed name of registered agent and title if applicable.

Shannon C. Rasmussen

(NOTE: Registered Agent signature required when reinstating)

7-6-2000

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** PRES ☐ Delete
NAME **RASMUSSEN, SHANNON**
STREET ADDRESS **252 Alachua Dr.**
CITY-ST-ZIP **WINTER HAVEN, FL. 33884**

TITLE **D** Pres. ☐ Change ☐ Addition
NAME **RASMUSSEN, SHANNON**
STREET ADDRESS **252 Alachua Dr**
CITY-ST-ZIP **WINTER HAVEN, FL. 33884**

TITLE **D/V** V. Pres ☒ Delete
NAME **HERNANDEZ, MARYELLEN**
STREET ADDRESS **5620 Struthers Court**
CITY-ST-ZIP **WINTER HAVEN, FL. 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/S** SEC. ☐ Delete
NAME **JONES, SUSAN**
STREET ADDRESS **1509 AVE D. NE**
CITY-ST-ZIP **WINTER HAVEN, FL. 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/T** Treas. ☒ Delete
NAME **WESTERMAN, SUSAN**
STREET ADDRESS **1417 AVE D. NE**
CITY-ST-ZIP **WINTER HAVEN, FL. 33881**

TITLE **T/T** TREAS. ☒ Change ☐ Addition
NAME **HARRISON, CHRIS**
STREET ADDRESS **412 St. Ann's Dr.**
CITY-ST-ZIP **WINTER HAVEN, FL. 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/C** ☐ Change ☒ Addition
NAME **King, Linda**
STREET ADDRESS **105 Hilltop Dr.**
CITY-ST-ZIP **WINTER HAVEN, FL. 33881**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Shannon C. Rasmussen** **Shannon C. Rasmussen** **7-6-2000** **863-326-1361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)