

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15887

1. Entity Name

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

Principal Place of Business

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

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

Zip

Country

Zip

Country

4. FEI Number

59-2779199

Applied For

Not Applicable

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

RASMUSSEN, SHANNON C
252 ALACHUA DRIVE
WINTER HAVEN FL 33884

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME RASMUSSEN, SHANNON
STREET ADDRESS 252 ALACHUA DR.
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

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

TITLE VD
NAME HERNANDEZ, MARYELLEN
STREET ADDRESS 5620 STRUTHERS COURT
CITY-ST-ZIP WINTER HAVEN FL 33884 ☒ Delete

TITLE VD
NAME MONA BESS
STREET ADDRESS 220 LEE AVE NE.
CITY-ST-ZIP Winter Haven, FL 33881 ☐ Change ☒ Addition

TITLE SD
NAME JONES, SUSAN
STREET ADDRESS 1509 AVENUE D, N.E.
CITY-ST-ZIP WINTER HAVEN FL 33881 ☒ Delete

TITLE SD
NAME JANET MARSHALL
STREET ADDRESS 412 ST. ANN'S DR.
CITY-ST-ZIP WINTER HAVEN, FL. 33884 ☐ Change ☒ Addition

TITLE TD
NAME WESTERMAN, SUSAN
STREET ADDRESS 1417 AVENUE D, N.E.
CITY-ST-ZIP WINTER HAVEN FL 33881 ☒ Delete

TITLE TD
NAME DARTHA SHULAR
STREET ADDRESS 205 35TH ST. NW.
CITY-ST-ZIP WINTER HAVEN, FL 33880 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Signature of Shannon C. Rasmussen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-01

Daytime Phone #

(863) 298-7977

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90041 036 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)