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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N20838

(1)

LEESBURG HIGH SCHOOL CHORAL PARENTS ASSOCIATION, INC.

Principa	al Place of Busine	ess	Mailing Address	Mailing Address									
% KARY	rl elton		% KARYL ELTON										
1401 WI	EST MEADOWS D		1401 WEST MEADOW										
LEESBU	IRG FL 34748-5643	l	LEESBURG FL 34748-	-5843			3.		orporated or Q /27/1987	ualified	3a. Da	of Lest 02/09/1	Report 1996
_	cipal Place of Bus	siness	2a. Mailing Address		<del>"' II .II. ' .</del>	***************************************	4.	FEI Num	ber 104		1		Applied For
21			26					N	T APPLICA	ABLE			lot Applicable
<b>—</b>	e, Apt. #, etc.		Suite, Apt. #, etc.	•			5.	Certifica	te of Status De	sired			Additional Regulred
22 City	& State		City & State		***************************************			Election	Campaign Fina				·····
23			28				0.		Campaign Finand Contribution	-			May Be I to Fees
Zip		Country	Zip		Country		8.	***************************************	poration has lial		ntangible		<del></del>
24		25	29	30				Florida S	Itatutes		Yes [	□ No	
	9. Nam	e and Address of Curre	nt Registered Agent				10.	. Name a	nd Address of	New Reg	jistered .	Agent	
					81	Name							
ELTON, KARYL				<b>62</b> Str			Addr <del>e</del> ss (F	P.O, Box N	lumber is Not A	Acceptab	le)	<del></del>	***************************************
1401 WEST MEADOWS DRIVE				63					······································				······································
Lt	ESBURG FL 3	2/48			03								
					84	City					FL	'	Code
<b>11.</b> Pur	rsuant to the prov	isions of Sections 617.05	02 and 617.1508, Florida St	tatutes, t	he above	e-named	corporatio	on eubmits	this statement	for the p	urpose of	changing	its registered
age	ent. I am familiar	with, and accept the oblig	e of Florida. Such change w gations of, Section 617.0503	3, Florida	Statutes	rune corp s.	OFACIONS	DOMIN OF C	mectors, Friere	by accep	t the app	Ombrient 8	s redistered
SIGNAT		ed or printed name of registered ag	sent and little if applicable	(NOTE: Rec	nistered Age	ont signahus	required wher	n relocation)			DATE		
12.			ND DIRECTORS	T	13.				S/CHANGES T	O OFFIC		DIRECTO	RS IN 12
												· ·	
TITLE	- <del>PB</del>		<b>X</b> DELETE		1.1 TITLE		DD					Change	Addition
TITLE NAME		IBS; DUSTY & JANE	<b>₩</b> DELETE		1.1 TITLE 1.2 NAME		PD Kim	Wo	ושמשנו	K-		Change	Addition
	- <del>000</del> N	MELLATHON CIR	<b>▼</b> DELETE			ADDRESS	PD Kim 1401	W.	stbroot Mendav	r Or	,	L. Change	Let Addition
NAME STREET AD CITY-ST-	-000N DORESS -1027   ZIP LEESE				1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS T-ZIP	PD Kim IVOI Lee	w.	stbroul madavi	K- 1 Or 1845			
NAME STREET AC CHTY-ST- TITLE	DORESS - 1027   ZIP LEESE VD	MELLATHON CIR SURG FL	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	ADDRESS T-ZIP	PD Kim IVOI Lee	w. s bur	stbroul Breadow FL	12 Dr. 1845	148 <sup>2</sup>	Change	Addition
NAME STREET AC CHTY-ST- TITLE NAME	DORESS -1027 ( ZIP LEESE VD KENT,	MELLATHON CIR BURG PL LINDA & BARRY			1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS T-ZIP	PD Kim 1401 Lee	w. s bur	stbrood Meadavi FL	K- 5 Dr- 1845	૧૫૪		
NAME STREET AC CITY-ST- TITLE NAME STREET AC	DDRESS	MELLATHON CIR SURG PL LINDA & BARRY SUNNYSIDE DR			1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS IT-ZIP ADDRESS	PD Kim 1401 Lee	we.	stbrou) Meadavi FL	1 Dr 1849	148 <sup>2</sup>		
NAME STREET AC CATY-ST- TITLE NAME STREET AC CITY-ST-	DORESS	MELLATHON CIR BURG PL LINDA & BARRY	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS IT-ZIP ADDRESS	PD Kim 1401 Lee	we was	stbrou) Madavi	K Dr 849	148 <sup>2</sup>	Change	☐ Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE	DDRESS G672 SIP LEESE SD	MELLATHON CIR BURG PL LINDA & BARRY SUNNYSIDE DR BURG FL			1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS IT-ZIP ADDRESS	PO Kim 1401 Lee	w. s sburg	etbrou) Madavi	K-01- 1845	148 <sup>2</sup>		
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME	DORESS - 1027   VD KENT, DORESS 6672   ZIP LEESE SD JONES	MELLATHON CIR SURG PL LINDA & BARRY SUNNYSIDE DR SURG FL S, SHARON	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP	PD Kim 1401 Lee	w. s sby	orbrou) Meadavi	K-0-1845	948	Change	☐ Addition
NAME STREET AD CITY-ST- TITLE NAME STREET AD CITY-ST- TITLE NAME STREET AD	DORESS - OOON - 1027   ZIP LEESE VD KENT, DORESS 6672   ZIP LEESE SD JONES   DORESS 1104	MELLATHON CIR SURG FL LINDA & BARRY SUNNYSIDE DR SURG FL S, SHARON LILLY STREET	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	PD Kim 1401 Lee	we see see	mendavi   FL	K 01- 845		Change	☐ Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME	DORESS CONTROL OF THE PROPERTY	MELLATHON CIR SURG PL LINDA & BARRY SUNNYSIDE DR SURG FL S, SHARON	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	PD Kim 1401 Lee	we see see	neaday)	K Dr 845	948	☐ Change	☐ Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST-	DORESS CONTROL OF TO	MELLATHON CIR BURG FL LINDA & BARRY SUNNYSIDE DR BURG FL S, SHARON LILLY STREET BURG FL	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	PD Kim 1401 Lee	we so	neaday)	K Dr 1845	948	Change	☐ Addition ☐ Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE	DORESS CONTROL OF THE PROPERTY	MELLATHON CIR BURG FL LINDA & BARRY SUNNYSIDE DR BURG FL S, SHARON LILLY STREET BURG FL TRICK, SUE E	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	PD Kim 1401 Lee	we show	stbrou) Madavi	K Dr. 1845	૧૫૪	☐ Change	☐ Addition ☐ Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME TITLE NAME	DORESS CONTROL OF THE PROPERTY	MELLATHON CIR BURG FL LINDA & BARRY SUNNYSIDE DR BURG FL S, SHARON LILLY STREET BURG FL	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	PD Kim 1401 Lee	we so	stbrou Madava FL	K Dr 1845	948	☐ Change	☐ Addition ☐ Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC STREET AC STREET AC	DORESS CONTROL OF THE PROPERTY	MELLATHON CIR SURG PL LINDA & BARRY SUNNYSIDE DR SURG FL S, SHARON LILLY STREET SURG FL TRICK, SUE E OYLSTON ST.	☐ DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	PD Kim 1401 Lee	we see see	mendavi prendavi	1 01- 1845	148	☐ Change	Addition  Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST-	DORESS CONTROL TO THE PROPERTY OF THE PROPERTY	MELLATHON CIR SURG PL LINDA & BARRY SUNNYSIDE DR SURG FL S, SHARON LILLY STREET SURG FL TRICK, SUE E OYLSTON ST.	DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	PO Kim IVOI Lee	we see see	neadavi	1 Dr 845	148	☐ Change ☐ Change	Addition  Addition
NAME STREET AC CITY-ST- TITLE	DORESS - 1027   IDENT   IDENT	MELLATHON CIR SURG FL  LINDA & BARRY SUNNYSIDE DR SURG FL  S, SHARON LILLY STREET SURG FL  TRICK, SUE E OYLSTON ST. SURG FL 34748  ER, DAVID W. MEADOW DRIVE	DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	PD Kim 1401 Lee	we see see	mendavi	K 01- 845	248	☐ Change ☐ Change	Addition  Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST-	DORESS - 1027   IDENT   IDENT	MELLATHON CIR BURG PL  LINDA & BARRY SUNNYSIDE DR BURG FL  S, SHARON LILLY STREET BURG FL  TRICK, SUE E OYLSTON ST. BURG FL 34748  ER, DAVID	DELETE  DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP	PD Kim 1401 Lee	we so	neaday)	K 01- 1845	248	☐ Change ☐ Change ☐ Change	Addition  Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC STREET AC STREET AC STREET AC STREET AC STREET AC	DORESS 1027   DORESS 6672   DORESS 6672   DORESS 1104   DORESS 725 B DORESS 1401   DOR	MELIATHON CIR SURG FL LINDA & BARRY SUNNYSIDE DR SURG FL S, SHARON LILLY STREET SURG FL TRICK, SUE E OYLSTON ST. SURG FL 34748 ER, DAVID W. MEADOW DRIVE SURG FL	DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP	PD Kim Ivol Lee	we so	neaday.	K Dr 1845	248	☐ Change ☐ Change	Addition  Addition
NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST-	DORESS TO	MELLATHON CIR SURG FL  LINDA & BARRY SUNNYSIDE DR SURG FL  S, SHARON LILLY STREET SURG FL  TRICK, SUE E OYLSTON ST. SURG FL 34748  ER, DAVID W. MEADOW DRIVE	DELETE  DELETE  DELETE		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S 5.5 NAME 5.5 STREET 5.4 CITY-S	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP	PD Kim 1401 Lee	we see by	stbrou) Madavi	K Or 18 4 15	248	☐ Change ☐ Change ☐ Change	Addition  Addition

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.

SIGNATURE:

LUE HULLISUITED

12/97 (352) 187-8713

**FILED** 

Feb 07 1997 8:00am

Secretary of State

: (1887) | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1887 | 1