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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20838 (1)

1. Corporation Name

LEESBURG HIGH SCHOOL CHORAL PARENTS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

% KARYL ELTON
1401 WEST MEADOWS DRIVE
LEESBURG FL 34748-5643% KARYL ELTON
1401 WEST MEADOWS DRIVE
LEESBURG FL 34748-56433. Date Incorporated or Qualified
05/27/19873a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELTON, KARYL
1401 WEST MEADOWS DRIVE
LEESBURG FL 32748

81 Name

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

83

84 City

FL

85 Zip Code

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

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
NAME ~~OOOMBS, DUSTY & JANE~~
STREET ADDRESS ~~1027 MELLATHON CIR~~
CITY - ST - ZIP ~~LEESBURG FL~~1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PD Kim Westbrook
1401 W. Meadows Dr
Leesburg, FL 34748TITLE VD ☐ DELETE
NAME KENT, LINDA & BARRY
STREET ADDRESS 6672 SUNNYSIDE DR
CITY - ST - ZIP LEESBURG FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE SD ☐ DELETE
NAME JONES, SHARON
STREET ADDRESS 1104 LILLY STREET
CITY - ST - ZIP LEESBURG FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE TD ☐ DELETE
NAME KILPATRICK, SUE E
STREET ADDRESS 725 BOYLSTON ST.
CITY - ST - ZIP LEESBURG FL 347484.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME TUCKER, DAVID
STREET ADDRESS 1401 W. MEADOW DRIVE
CITY - ST - ZIP LEESBURG FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME ELTON, KARYL
STREET ADDRESS 1401 WEST MEADOWS DRIVE
CITY - ST - ZIP LEESBURG FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/97

(352) 987-8713

CR2E037 (9/96)