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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20838** (1)
1. Corporation Name
LEESBURG HIGH SCHOOL CHORAL PARENTS ASSOCIATION, INC.



Principal Place of Business % KARYL ELTON 1401 WEST MEADOWS DRIVE LEESBURG FL 34748-5643	Mailing Address % KARYL ELTON 1401 WEST MEADOWS DRIVE LEESBURG FL 34748-5643
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3. Date Incorporated or Qualified 05/27/1987
4. FEI Number NOT APPLICABLE
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ELTON, KARYL 1401 WEST MEADOWS DRIVE LEESBURG FL 32748	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 **BILLYE JEAN BAUS** *Billye Jean Baus* **TD** **4-30-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME WESTBROOK, KIM	
STREET ADDRESS 1401 WEST MEADOWS DRIVE	
CITY-ST-ZIP LEESBURG FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME KENT, LINDA & BARRY	
STREET ADDRESS 8672 SUNNYSIDE DR	
CITY-ST-ZIP LEESBURG FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME JONES, SHARON	
STREET ADDRESS 1104 LILLY STREET	
CITY-ST-ZIP LEESBURG FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME KILPATRICK, SUE E	
STREET ADDRESS 725 BOYLSTON ST.	
CITY-ST-ZIP LEESBURG FL 34748	
TITLE D	<input type="checkbox"/> DELETE
NAME TUCKER, DAVID	
STREET ADDRESS 1401 W. MEADOW DRIVE	
CITY-ST-ZIP LEESBURG FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ELTON, KARYL	
STREET ADDRESS 1401 WEST MEADOWS DRIVE	
CITY-ST-ZIP LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Westbrook, Kim	
1.3 STREET ADDRESS 39849 Parkensonia	
1.4 CITY-ST-ZIP Lady Lake, FL 35219	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Herb & Grace Ann Young	NA
2.3 STREET ADDRESS P.O. Box 357	
2.4 CITY-ST-ZIP Fruitland Park, FL 34731	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Sandi Ivey	
3.3 STREET ADDRESS 1050 Boylston St.	
3.4 CITY-ST-ZIP Leesburg, FL 34748	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Billye Jean Baus	
4.3 STREET ADDRESS 703 Hilltop St.	
4.4 CITY-ST-ZIP Fruitland Park, FL 34731	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Stephen W. McLeod	
5.3 STREET ADDRESS 1401 W. Meadow Drive	
5.4 CITY-ST-ZIP Leesburg, FL 34748	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE **Billye Jean Baus** *Billye Jean Baus* **TD** **4-30-98** **352-311-2050**

CR2E037 (10/97)