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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20838

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/27/1987

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

ELTON, KARYL
 1401 WEST MEADOWS DRIVE
 LEESBURG FL 32748

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
 NAME WESTBROOK, KIM
 STREET ADDRESS 39849 PARKENSONIA
 CITY-ST-ZIP LADY LAKE FL 35219

TITLE VD ☐ DELETE
 NAME HERB & GRACE ANN YOUNG
 STREET ADDRESS P O BOX 357 N/A
 CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE SD ☐ DELETE
 NAME SANDI IVEY
 STREET ADDRESS 1050 BOYLSTON ST
 CITY-ST-ZIP LEESBURG FL 34748

TITLE TD ☒ DELETE
 NAME BILLYE JEAN BAHUS-
 STREET ADDRESS 709 HILLTOP ST
 CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE D ☐ DELETE
 NAME STEPHEN W MCLEOD
 STREET ADDRESS 1401 W. MEADOW DRIVE
 CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ 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 ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

TREASURER
DEBRA CARTER POSSEE
807 HICKORY AVE
FRUITLAND PARK FL 34731

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 **(352)**
326-6227

CR25037-11/98