

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90263 014 ****61.25

DOCUMENT # N20838

1. Entity 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

49033387



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELTON, KARYL
1401 WEST MEADOWS DRIVE
LEESBURG FL 32748

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~STOER, MARTINA S~~ ☒ Delete
STREET ADDRESS ~~33335 COVNETRY DR~~
CITY-ST-ZIP ~~LEESBURG FL 34788~~

TITLE VD
NAME JERKINS, TAMMY ☐ Delete
STREET ADDRESS 4321 SERENE CIRCLE
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE SD
NAME ~~EVERSON, TERI~~ ☒ Delete
STREET ADDRESS ~~1000 STAFFORD RD~~
CITY-ST-ZIP ~~LEESBURG FL 34748~~

TITLE T
NAME ROBINSON, PEGGY A ☐ Delete
STREET ADDRESS 36945 SKY CREST BLVD
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE D
NAME MCDANIEL, CHARLES ☐ Delete
STREET ADDRESS 1401 W. MEADOW DRIVE
CITY-ST-ZIP LEESBURG FL 34748

TITLE D
NAME ELTON, KARYL ☐ Delete
STREET ADDRESS 1401 WEST MEADOWS DRIVE
CITY-ST-ZIP LEESBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Robuck, Iris
STREET ADDRESS 9341 Silver Lake Dr.
CITY-ST-ZIP Leesburg, FL 34788

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

TITLE SD ☒ Change ☐ Addition
NAME Karen Cleeton
STREET ADDRESS 1629 Normandy Way
CITY-ST-ZIP Leesburg FL 34748

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

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

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

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:

Peggy A. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peggy A. Robinson 4/21/04

352-326-5981