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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33938** (4)

1. Corporation Name

**PLANT CITY HIGH SCHOOL BAND PARENTS ASSOCIATION
A FLORIDA NONPROFIT CORPORATION**

Principal Place of Business

Mailing Address

**1 RAIDER PLACE
PLANT CITY FL 33566**

**P.O BOX 1957
PLANT CITY FL 33564-1957
US**

3. Date Incorporated or Qualified

08/28/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, RANDY
3025 YOUNG ROAD
PLANT CITY FL 33565**

81 Name **SHARON S. HORN**

82 Street Address (P.O. Box Number is Not Acceptable)
2803 N. WALLACE BRANCH ROAD

83

84 City **PLANT CITY**

FL

85 Zip Code **33565**

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

Sharon S. Horn
Signature, typed or printed name of registered agent and title if applicable

SHARON S. HORN

TREASURER

4/24/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALVIN, DEBBIE	
STREET ADDRESS	4508 MILEY ROAD	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, GLADYS	
STREET ADDRESS	15522 WJ VALLEY ROAD	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, RANDY	
STREET ADDRESS	3025 YOUNG RD.	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIVERIO, PAULA	
STREET ADDRESS	8002 SHOUBE ROAD	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HORN, SHARON	
STREET ADDRESS	2803 WALLACE BRANCH RD N	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	NORTON, KEN	
STREET ADDRESS	1040 PINE RIDGE CIRCLE	
CITY-ST-ZIP	BRANDON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GRIFFITH, ART	
1.3 STREET ADDRESS	3207 HAWTHORNE CT	
1.4 CITY-ST-ZIP	PLANT CITY, FL 33565	

2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SECRETARY DIRECTOR	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TRAYLOR, AUGUSTUS	
3.3 STREET ADDRESS	1307 WALLER	
3.4 CITY-ST-ZIP	PLANT CITY, FL 33566	

4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRESIDENT DIRECTOR	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002528164	
5.3 STREET ADDRESS	-05/19/98--01008--008	
5.4 CITY-ST-ZIP	***70.00	

6.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Arnott, Darren	
6.3 STREET ADDRESS	1518 Citrus Orchard Way	
6.4 CITY-ST-ZIP	Valrico, FL 33594	

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

Sharon S. Horn

SHARON S. HORN

4/24/98

**813
752-2458**

CP2E037 (10/97)