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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N33938

1. Corporation Name

PLANT CITY HIGH SCHOOL BAND PARENTS ASSOCIATION
A FLORIDA NONPROFIT CORPORATION

Principal Place of Business

1 RAIDER PLACE
PLANT CITY FL 33566

Mailing Address

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



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

08/28/1989

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

HORN, SHARON S
2803 N WALLACE BRANCH RD
PLANT CITY FL 33565

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 *Sharon S. Horn*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

President PCHS Band Parents Assoc. 4/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VD GRIFFIN, ART
STREET ADDRESS
3207 HAWTHORNE CT
CITY-ST-ZIP
PLANT CITY FL 33565

TITLE ☒ DELETE

NAME
SD JONES, GLADYS
STREET ADDRESS
15522 WJ VALLEY ROAD
CITY-ST-ZIP
PLANT CITY FL

TITLE ☒ DELETE

NAME
VD TRAYLOR, AUGUSTUS
STREET ADDRESS
1307 WALLER
CITY-ST-ZIP
PLANT CITY FL 33566

TITLE ☒ DELETE

NAME
PD RIVERIO, PAULA
STREET ADDRESS
8002 SHOUBE ROAD
CITY-ST-ZIP
PLANT CITY FL

TITLE ☐ DELETE

NAME
TD HORN, SHARON
STREET ADDRESS
2803 WALLACE BRANCH RD N
CITY-ST-ZIP
PLANT CITY FL

TITLE ☐ DELETE

NAME
CD ARNOTT, DARREN
STREET ADDRESS
1518 CITRUS ORCHARD WAY
CITY-ST-ZIP
VALRICO FL 33594

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

NAME
SD DOAK, MARGARET ANN
STREET ADDRESS
816 BISHOP PLACE
CITY-ST-ZIP
SEFFNER, FL 33584

3.1 TITLE ☒ Change ☐ Addition

NAME
VD GLENN MILLER
STREET ADDRESS
2909 WILDER PARK DRIVE
CITY-ST-ZIP
PLANT CITY, FL 33566

4.1 TITLE ☒ Change ☐ Addition

NAME
TD WILLIAM DEAGAN
STREET ADDRESS
721 PINEDALE DRIVE
CITY-ST-ZIP
PLANT CITY, FL 33566

5.1 TITLE ☒ Change ☐ Addition

NAME
PD
STREET ADDRESS
CITY-ST-ZIP
33565

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Sharon S. Horn* SIGNATURE REQUIRED *President PCHS BAND PARENTS ASSOC.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)