

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39222

(7)

1. Corporation Name

FLHS BAND PARENTS, INC.

Principal Place of Business

1600 NORTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33305

Mailing Address

1600 NORTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33305



3. Date Incorporated or Qualified
07/20/1990

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCRUM, PAUL
% FORT LAUDERDALE HIGH SCHOOL
1600 NE 4TH AVENUE
FORT LAUDERDALE FL 33305

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

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

Paul C. McCrum
(NOTE: Registered Agent signature required when reinstating)

2-7-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCCRUM, PAUL
STREET ADDRESS 4281 NE 5TH AVENUE
CITY - ST - ZIP OAKLAND PARK FL 33334-3152 ☐ DELETE

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

TITLE VSD
NAME HOGAN, CELIA
STREET ADDRESS 2200 LAZY LANE
CITY - ST - ZIP LAZY LAKE FL 33305 ☐ DELETE

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

TITLE TD
NAME MASON, WALTER
STREET ADDRESS 124 NE 30 ST
CITY - ST - ZIP WILTON MANOR FL 33334 ☐ DELETE

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

TITLE S
NAME BROWN, CATHY
STREET ADDRESS 2609 NE 8 AVE APT 2
CITY - ST - ZIP WILTON MANOR FL 33334 ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Paul C. McCrum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96
Date

(954) 527-6620
Daytime Phone #

CR2E037 (12/95)