

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1990  
3a. Date of Last Report 02/14/1996

4. FEI Number 65-0206983  
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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Kathleen French  
82 Street Address (P.O. Box Number is Not Acceptable) 610 Ft. Lauderdale High School  
83 1600 NE 4th Ave  
84 City Fort Lauderdale FL 85 Zip Code 33305

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 Kathleen French 8/27/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MCCRUM, PAUL	4281 NE 5TH AVENUE	OAKLAND PARK FL 33334-3152	<input type="checkbox"/>
VSD	HOGAN, CELIA	2200 LAZY LANE	LAZY LAKE FL 33305	<input type="checkbox"/>
TD	MASON, WALTER	124 NE 30 ST	WILTON MANOR FL 33334	<input type="checkbox"/>
S	BROWN, CATHY	2609 NE 8 AVE APT 2	WILTON MANOR FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Kathleen French	1809 Coral Gardens Dr.	Wilton Manors, FL 33306-1331	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Terry Bonafide	316 NE 27 DR.	Wilton Manors, FL 33334	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	CAROL Eddy	1415 N.E. 5th COURT	FT. LAUDERDALE, FLA. 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Cindy Woods	9609 Riverside Dr.	Coral Springs, FL 33071	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 Kathleen French, President 8/27/97 9:18 PM 07/27

CR2E037 (4/97)