SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 SEP 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39380 (3)

1. Corporation Name

HARRISON CENTER FOR THE ARTS PARENTS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
% FRANK R. HOWES 750 HOLLINGSWORTH RD LAKELAND FL 33801	% FRANK R. HOWES 750 HOLLINGSWORTH RD LAKELAND FL 33801

100001970861
-10/10/96--01077--001
*****61.25 *****61.25

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/18/1990	02/28/1995

4. FEI Number 59-3032744 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWES, FRANK R.
750 HOLLINGSWORTH RD
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name WESTBROOK, MICHAEL
82 Street Address (P.O. Box Number Is Not Acceptable) 750 HOLLINGSWORTH RD.
83
84 City LAKELAND FL 85 Zip Code 33801

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 [signature] Michael G. Westbrook 9-19-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE [redacted] PRESIDENT ☑ Change ☐ Addition
NAME	BRADT, MARY		1.2 NAME BROWN, MAUREEN M.
STREET ADDRESS	960 CALAHAN CT		1.3 STREET ADDRESS 1030 LAKE HOLLINGSWORTH DR.
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP LAKELAND, FL. 33803
TITLE	VD	☑ DELETE	2.1 TITLE [redacted] VICE-PRESIDENT ☑ Change ☐ Addition
NAME	HENRY, PATTIE		2.2 NAME Hodges, SHANNON
STREET ADDRESS	148 B OLD DADE CITY ROAD		2.3 STREET ADDRESS 520 SHADY LANE
CITY-ST-ZIP	KATHLEEN FL		2.4 CITY-ST-ZIP LAKELAND, FL. 33803
TITLE	VD	☑ DELETE	3.1 TITLE [redacted] VICE-PRESIDENT ☑ Change ☐ Addition
NAME	SCALO, JEANA		3.2 NAME JACKLIN, CARYL
STREET ADDRESS	431 PENINSULAR DR		3.3 STREET ADDRESS 411 MACKLEN LOOP
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP POLK CITY, FL. 33868
TITLE	VD	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	BOONE, GLENN		4.2 NAME
STREET ADDRESS	127 E MAXWELL ST		4.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP VICE PRESIDENT
TITLE	VD	☑ DELETE	5.1 TITLE [redacted] SAUNDERS, DEBBIE ☑ Change ☐ Addition
NAME	BUNTING, ETTA		5.2 NAME
STREET ADDRESS	508 ORIOLE DR		5.3 STREET ADDRESS 508 HILLSDALE CIRCLE
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP LAKELAND, FL. 33803
TITLE	STD	☑ DELETE	6.1 TITLE [redacted] TREASURER ☑ Change ☐ Addition
NAME	BRADT, DENNIS		6.2 NAME GIRATA, DANIEL
STREET ADDRESS	960 CALAHAN CT		6.3 STREET ADDRESS 5817 WHISPERING PINES Rd.
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP LAKELAND, FL. 33811

CR2E037 (3/96)

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)(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: SIGNATURE REQUIRED TREASURER 8/21/96 941-648-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #