**FILE NOW: FILING FEE IS $61.25**

FILED
Feb 21 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 # N39380 (3)

1. Corporation Name

HARRISON CENTER FOR THE ARTS PARENTS ASSOCIATION , INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~% FRANK R. HOWES~~<br>750 HOLLINGSWORTH RD<br>LAKELAND FL 33801 | ~~% FRANK R. HOWES~~<br>750 HOLLINGSWORTH RD<br>LAKELAND FL 33801-5818 |
| MICHAEL WESTBROOK | MICHAEL WESTBROOK |

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 09/24/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

WESTBROOK, MICHAEL
750 HOLLINGSWORTH RD
LAKELAND FL 33801

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: Michael Westbrook 2-11-97
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 | ☐ Change ☐ Addition |
| NAME | BROWNE, MAUREEN M | | 1.2 NAME | |
| STREET ADDRESS | 1030 LAKE HOLLINGSWORTH DR | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | 1.4 CITY-ST-ZIP | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HODGES, SHANNON | | 2.2 NAME | |
| STREET ADDRESS | 520 SHADY LANE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | 2.4 CITY-ST-ZIP | |
| TITLE | DV | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | JACKLIN, CARYL | | 3.2 NAME | |
| STREET ADDRESS | 411 MARKLEN LOOP | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | POLK CITY FL 33868 | | 3.4 CITY-ST-ZIP | |
| 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 | |
| TITLE | DV | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SANDERS, DEBBIE | | 5.2 NAME | |
| STREET ADDRESS | 5021 HILLSDALE CIRCLE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | 5.4 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | GIRATA, DANIEL | | 6.2 NAME | |
| STREET ADDRESS | 5817 WHISPERING PINES RD | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL 33811 | | 6.4 CITY-ST-ZIP | |

CR2E037 (9/96)

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:** Daniel Girata 2/11/97 941 648-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052417