SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 23 1998 8:00am
Secretary of State

DOCUMENT # N39380 (3)

1. Corporation Name

HARRISON CENTER FOR THE ARTS PARENTS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
C/O MICHAEL WESTBROOK 750 HOLLINGSWORTH RD LAKELAND FL 33801 US	C/O MICHAEL WESTBROOK 750 HOLLINGSWORTH RD LAKELAND FL 33801 US

3. Date Incorporated or Qualified: 07/16/1990

4. FEI Number: 59-3032744 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WESTBROOK, MICHAEL 750 HOLLINGSWORTH RD LAKELAND FL 33801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BROWNE, MAUREEN M		1.2 NAME	Maryanne Stevens	
STREET ADDRESS	1030 LAKE HOLLINGSWORTH DR		1.3 STREET ADDRESS	1708 Bayou Cir	
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	HODGES, SHANNON		2.2 NAME	Susan Pate	
STREET ADDRESS	520 SHADY LANE		2.3 STREET ADDRESS	4915 tradition Dr.	
CITY-ST-ZIP	LAKELAND FL 33803		2.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	DV	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	JACKLIN, CARYL		3.2 NAME	Kathy Bedgood	
STREET ADDRESS	411 MARKLEN LOOP		3.3 STREET ADDRESS	1254 Alma	
CITY-ST-ZIP	POLK CITY FL 33868		3.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VD	☒ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	BOONE, GLENN		4.2 NAME	Paulette Argento	
STREET ADDRESS	127 E MAXWELL ST		4.3 STREET ADDRESS	1303 Wyngate	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, FL 33809	
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		

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.

(941) 644-2197

SIGNATURE: Maryanne Stevens 7/10/98 (941) 499-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)