08171999-90009-018-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Aug 17, 1999 8:00 am**
**Secretary of State**
08-17-1999 90009 018 ****61.25

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DOCUMENT # N39380

1. Corporation Name

HARRISON CENTER FOR THE ARTS PARENTS ASSOCIATION , INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MICHAEL WESTBROOK<br>750 HOLLINGSWORTH RD<br>LAKELAND FL 33801<br>US | C/O MICHAEL WESTBROOK<br>750 HOLLINGSWORTH RD<br>LAKELAND FL 33801<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) | 3. Date Incorporated or Qualified: 07/18/1990 |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) | 4. FEI Number: 59-3032744 — Applied For / Not Applicable |
| City & State (23) | City & State (28) | 5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required |
| Zip (24) Country (25) | Zip (29) Country (30) | 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WESTBROOK, MICHAEL<br>750 HOLLINGSWORTH RD<br>LAKELAND FL 33801 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 resigning)

12. OFFICERS AND DIRECTORS

| Title | Name | Street Address | City-St-Zip | Delete |
|---|---|---|---|---|
| PD | STEVENS, MARYANNE | 1708 BAYOU CIRCLE | LAKELAND FL 33803 | ☒ |
| DV | PATE, SUSAN | 4915 TRADITION DR | LAKELAND FL 33813 | ☒ |
| S | BEDGOOD, KATHY | 1254 ALMA | LAKELAND FL 33803 | ☐ |
| V | ARGENTO, PAULETTE | 1303 WYNGATE | LAKELAND FL 33809 | ☒ |
| TD | GIRATA, DANIEL | 5817 WHISPERING PINES RD | LAKELAND FL 33811 | ☐ |
| | | | | ☐ |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| Title | Name | Street Address | City-St-Zip | Change | Addition |
|---|---|---|---|---|---|
| President D | Cheri' Campbell | 102 Elm Squares. | Lakeland, Fl. 33813 | ☐ | ☒ |
| President Elect D | Friedman, Barry | 620 Shady Lane | Lakeland FL 33803 | ☐ | ☒ |
| DV | Joy Grier | 460 Byrd St. | Lakeland, FL 33809 | ☐ | ☒ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 8/12/99 — 941-644-7960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)