

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # **N39608** (7)
1. Corporation Name
THE LEESBURG HIGH SCHOOL BAND PARENTS, INC.



Principal Place of Business Mailing Address
1401 WEST MEADOWS DRIVE
LEESBURG FL 34748-5643

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/09/1990		03/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3026622		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

REAL, JOHN
1401 WEST MEADOWS DRIVE
LEESBURG FL 34748

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

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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REAL, JO AN			1.2 NAME	Cynthia L. Burleson		
STREET ADDRESS	01741 MILLER BLVD			1.3 STREET ADDRESS	225 Bentbough Drive		
CITY-ST-ZIP	FRUITLAND PARK FL			1.4 CITY-ST-ZIP	Leesburg, Florida 34748		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LANGFORD, DENNIS			2.2 NAME	Jackie Johnson		
STREET ADDRESS	311 N 15TH ST			2.3 STREET ADDRESS	110 Caroline Dr		
CITY-ST-ZIP	LEESBURG FL			2.4 CITY-ST-ZIP	Lady Lake, FL 32159		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROOKS, PAT			3.2 NAME	Linda Smith		
STREET ADDRESS	1010 MARILYN STREET			3.3 STREET ADDRESS	41120 CR 25		
CITY-ST-ZIP	FRUITLAND PARK FL			3.4 CITY-ST-ZIP	Weirsdale, FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PATTERSON, DOLORES			4.2 NAME	Charlene Douglass		
STREET ADDRESS	1205 SUSAN ST			4.3 STREET ADDRESS	803 Miller St.		
CITY-ST-ZIP	LEESBURG FL			4.4 CITY-ST-ZIP	Fruitland Park, FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, LINDA			5.2 NAME	Rathy Kirby		
STREET ADDRESS	41120 CR 25			5.3 STREET ADDRESS	2312 Hutchinson Avenue		
CITY-ST-ZIP	WEIRSDALE FL			5.4 CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOUGLASS, CHARLENE			6.2 NAME			
STREET ADDRESS	803 MILLER ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	FRUITLAND PARK FL			6.4 CITY-ST-ZIP			

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.

CR2E037 (4/97)