

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39608

FILED  
May 01, 2004  
Secretary of State

**Entity Name:** THE LEESBURG HIGH SCHOOL BAND PARENTS, INC.

**Current Principal Place of Business:**

1401 WEST MEADOWS DRIVE  
LEESBURG, FL 347485643

**New Principal Place of Business:**

**Current Mailing Address:**

LHS BAND PARENTS  
P.O. BOX 492502  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-3026622      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, QUINDE E  
1401 MEADOWS DRIVE  
LEESBURG, FL 34748      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SMITH, QUINDE E  
Address: 2205 E. MONTCLAIR RD.  
City-St-Zip: LEESBURG, FL 34748

Title: D      ( ) Delete  
Name: PERRY, JIM  
Address: 4925 MAGNOLIA RIDGE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D      ( ) Delete  
Name: BRIGHURST, DEANNA  
Address: 37835 HARRIS LAKE RD.  
City-St-Zip: LADY LAKE, FL 32159

Title: D      ( ) Delete  
Name: JOHNSON, MARIA  
Address: 320 WOODLAND TRAIL  
City-St-Zip: LADY LAKE, FL 32159

Title: S      ( ) Delete  
Name: HUBBELL, SABRINA  
Address: 800 MAPLE AVE  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: SMITH, ANGIE  
Address: 101 NORTH FERN DRIVE  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: QUINDE E. SMITH

P

05/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date