

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 011 ****61.25

DOCUMENT # N39608

1. Entity Name
THE LEESBURG HIGH SCHOOL BAND PARENTS, INC.



Principal Place of Business
**1401 WEST MEADOWS DRIVE
LEESBURG, FL 34748-5643**

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

50660490



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07312005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3026622

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Smith, Emory C.

Street Address (P.O. Box Number is Not Acceptable)

1401 W. Meadows Dr.

City
Leesburg

FL

Zip Code
34748

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Emory C. Smith, President

08/01/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SMITH, QUINDE E
2205 E. MONTCLAIR RD.
LEESBURG, FL 34748** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Smith, Emory C.
101 N. Fern Dr.
Leesburg, FL 34748** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PERRY, JIM
4925 MAGNOLIA RIDGE
FRUITLAND PARK, FL 34731** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Marzek, Donna
33201 Lake Bend Circle
Leesburg, FL 34748** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRIGHURST, DEANNA
37835 HARRIS LAKE RD.
LADY LAKE, FL 32159** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Higgins, Kim A.
3089 US 441/27
Fruitland Pk., FL 34731** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, MARIA
320 WOODLAND TRAIL
LADY LAKE, FL 32159** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, ANGIE
101 NORTH FERN DRIVE
LEESBURG, FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Emory C. Smith

08/01/05

352-406-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #