SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUL -6 PH 3: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004902 (3)

1. Corporation Name
SEBRING BAND PARENT'S ASSOCIATION, INC.

Mailing Address
3514 KENILWORTH BLVD.
SEBRING FL 33870

Principal Place of Business
3514 KENILWORTH BLVD
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 P.O. Box 3513	26 Sebring High School
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3514 Kenilworth Blvd
City & State 23 Sebring, Florida	City & State 28 Sebring, Florida
Zip 24 33871 Country 25 Highlands	Zip 29 33870 Country 30 Highlands

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report:
4. FEI Number: 65-0461519 ☑ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCCOLLUM JAMES F
129 S. COMMERCE AVE.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name (Same)
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0505, Florida Statutes.

SIGNATURE James McCollum, Attorney
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE	D	11 TITLE	
12 NAME	FARRER JANE	12 NAME	
13 STREET ADDRESS	%3514 KENILWORTH BLVD.	13 STREET ADDRESS	
14 CITY-ST-ZIP	SEBRING FL 33870	14 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	
22 NAME	KOEHLER SHARON	22 NAME	
23 STREET ADDRESS	%3514 KENILWORTH BLVD.	23 STREET ADDRESS	
24 CITY-ST-ZIP	SEBRING FL 33870	24 CITY-ST-ZIP	
31 TITLE	D	31 TITLE	
32 NAME	ROSSER WANDS	32 NAME	
33 STREET ADDRESS	%3514 KENILWORTH BLVD.	33 STREET ADDRESS	
34 CITY-ST-ZIP	SEBRING FL 33870	34 CITY-ST-ZIP	
41 TITLE	P	41 TITLE	
42 NAME	CHURCH AMY	42 NAME	
43 STREET ADDRESS	%3514 KENILWORTH BLVD.	43 STREET ADDRESS	
44 CITY-ST-ZIP	SEBRING FL 33870	44 CITY-ST-ZIP	
51 TITLE	V	51 TITLE	
52 NAME	JONES PHILLIP	52 NAME	
53 STREET ADDRESS	%3514 KENILWORTH BLVD.	53 STREET ADDRESS	
54 CITY-ST-ZIP	SEBRING FL 33870	54 CITY-ST-ZIP	
61 TITLE	S	61 TITLE	
62 NAME	CAMPBELL LINDA	62 NAME	
63 STREET ADDRESS	%3514 KENILWORTH BLVD.	63 STREET ADDRESS	
64 CITY-ST-ZIP	SEBRING FL 33870	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Amy L Church Amy Church June 27, 1994 813-385-6176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR