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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:21

DOCUMENT # N93000004902 (3)

1. Corporation Name

SEBRING BAND PARENT'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SEBRING HIGH SCHOOL 3514 KENILWORTH BLVD SEBRING FL 33870 US	P O BOX 3513 SEBRING FL 33871 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 06/07/1994
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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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
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, 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, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	FARRER, JANE	1.2 NAME	LENIHAN, SUSAN
STREET ADDRESS	%3514 KENILWORTH BLVD.	1.3 STREET ADDRESS	1725 Karen Blvd.
CITY-ST-ZIP	SEBRING FL 33870	1.4 CITY-ST-ZIP	Sebring, Fl. 33870
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	KOEHLER, SHARON	2.2 NAME	KOEHLER, SHARON
STREET ADDRESS	%3514 KENILWORTH BLVD.	2.3 STREET ADDRESS	3709 Dauphine St.
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	Sebring, Fl. 33870
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	ROSSER, WANDS	3.2 NAME	ROSSER, WANDA
STREET ADDRESS	%3514 KENILWORTH BLVD.	3.3 STREET ADDRESS	2500 N.W. Lakeview Dr.
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	Sebring, Fl. 33870
TITLE	P	4.1 TITLE	P ☒ Change ☐ Addition
NAME	CHURCH, AMY	4.2 NAME	CHURCH, AMY
STREET ADDRESS	% 3514 KENILWORTH BLVD	4.3 STREET ADDRESS	6024 Candler Terr.
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	Sebring, Fl. 33870
TITLE	V	5.1 TITLE	V ☒ Change ☐ Addition
NAME	JONES, PHILLIP	5.2 NAME	JONES, PHILLIP
STREET ADDRESS	% 3514 KENILWORTH BLVD	5.3 STREET ADDRESS	1701 Laurel Dr.
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	Lorida, Fl. 33857
TITLE	S	6.1 TITLE	S ☒ Change ☐ Addition
NAME	CAMPBELL, LINDA	6.2 NAME	STEPHENS, LEEANNE
STREET ADDRESS	% 3514 KENILWORTH BLVD	6.3 STREET ADDRESS	6125 Thomas Terr.
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP	Sebring, Fl. 33870

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(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.

SIGNATURE: Amy L Church 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0068342