

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004902 (3)

1. Corporation Name

SEBRING BAND PARENT'S ASSOCIATION, INC.



Principal Place of Business

**SEBRING HIGH SCHOOL
3514 KENILWORTH BLVD
SEBRING FL 33870
US**

Mailing Address

**P O BOX 3513
SEBRING FL 33871
US**

3. Date Incorporated or Qualified
10/25/1993

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE **D** ☒ DELETE
NAME **LENIHAN, SUSAN**
STREET ADDRESS **1725 KAREN BLVD**
CITY - ST - ZIP **SEBRING FL**

TITLE **D** ☐ DELETE
NAME **KOEHLER, SHARON**
STREET ADDRESS **3709 DAUPHINE STREET**
CITY - ST - ZIP **SEBRING FL**

TITLE **D** ☒ DELETE
NAME **ROSSER, WANDA**
STREET ADDRESS **2500 N.W. LAKEVIEW DRIVE**
CITY - ST - ZIP **SEBRING FL**

TITLE **P** ☒ DELETE
NAME **CHURCH, AMY**
STREET ADDRESS **6024 CANDLER TERR**
CITY - ST - ZIP **SEBRING FL**

TITLE **V** ☒ DELETE
NAME **JONES, PHILLIP**
STREET ADDRESS **1701 LAUREL DRIVE**
CITY - ST - ZIP **LORIDA FL**

TITLE **S** ☐ DELETE
NAME **STEPHENS, LEEANNE**
STREET ADDRESS **6125 THOMAS TERR**
CITY - ST - ZIP **SEBRING FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Mary Lou Mansfield**
1.3 STREET ADDRESS **1107 14th Ave.**
1.4 CITY - ST - ZIP **Sebring, FL 33872**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D Rogenstein, Dorie**
3.3 STREET ADDRESS **4826 Lakewood Dr.**
3.4 CITY - ST - ZIP **Sebring, FL 33872**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Bennett, AL**
4.3 STREET ADDRESS **3827 Rodeo Dr. N**
4.4 CITY - ST - ZIP **Sebring, FL 33872**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Barbara Winkleblade**
5.3 STREET ADDRESS **2727 Orange Grove Dr.**
5.4 CITY - ST - ZIP **Sebring, FL 33870**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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(3)(k), 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:

Mary Lou Mansfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96 (941) 385-8017
Date Daytime Phone #

CR2E037 (12/95)