

FILE NOW: FILING FEE IS \$61.25

FILED

May 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

SEBRING HIGH SCHOOL
3514 KENILWORTH BLVD
SEBRING FL 33870
USP O BOX 3513
SEBRING FL 33871-3513
US3. Date Incorporated or Qualified
10/25/19933a. Date of Last Report
05/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0461519Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T MARY LOU MANSFIELD
NAME
STREET ADDRESS 1107 14TH AVE
CITY-ST-ZIP SEBRING FL

DELETE

1.1 TITLE T
1.2 NAME GINA M. AVIS
1.3 STREET ADDRESS 4141 US 27 N, Suite 5
1.4 CITY-ST-ZIP Sebring Fla 33870

Change Addition

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

DELETE

2.1 TITLE D
2.2 NAME ALAN W. AVIS
2.3 STREET ADDRESS 4141 US 27N, Suite 5
2.4 CITY-ST-ZIP Sebring Fla 33872

Change Addition

TITLE D RUGERSTEIN, DIANE
NAME
STREET ADDRESS 4826 LAKEWOOD DR
CITY-ST-ZIP SEBRING FL

DELETE

3.1 TITLE
3.2 NAME Dixie L. Rugenstein
3.3 STREET ADDRESS 4826 Lakewood Rd
3.4 CITY-ST-ZIP 33872
Secretary

Change Addition

TITLE P BENNETT, AL
NAME
STREET ADDRESS 3827 RODEO DRIVE, N.
CITY-ST-ZIP SEBRING FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE V BARBARA WINKLEBLADE
NAME
STREET ADDRESS 2727 ORANGE GROVE DRIVE
CITY-ST-ZIP SEBRING FL

DELETE

5.1 TITLE Vice President
5.2 NAME Jean B. Nichols
5.3 STREET ADDRESS 100 Nichols way
5.4 CITY-ST-ZIP Sebring, FL 33872

Change Addition

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

DELETE

6.1 TITLE Director
6.2 NAME Kathleen M. Parker
6.3 STREET ADDRESS 313 Comet Terr
6.4 CITY-ST-ZIP Sebring FL 33872

Change Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054347

CR2E037 (9/96)