FILED

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004902 (3)

SEBRING BAND PARENT'S ASSOCIATION, INC.

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Principal Plac	e of Business	Mallir	ng Address				1 1581 61 01	1 1010 0 11111 00111 101		ÉR IN AIA IA (Brit	8 4 (18 18 18 18 18 18 18 18 18 18 18 18 18
SEBRING HIGH SCHOOL		PO	P O BOX 3513				3. Date Incorpor	ated or Qualified			
3514 KENILWORTH BLVD		SEBR	SEBRING FL 33871			ſ	10/25/19		•		
Sebring Fl 33870 US		US	US				4. FEI Number			IA	pplied For
09	_					}	65-04615	19			lot Applicable
2. Principal Place of Business		├ 1	2a. Malling Address				5. Certificate of	Status Desired			Additional equired
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Camp	náign Financing		\$5.00	
22		27	27				Trust Fund Co			Added I	
City & State		├ η	City & State				7. Is this nonprofit corporation a homeowners association? Yes No				
Zip Country			Zip Country				8. This corporation owes or has paid the ourrent year intengible				
24	25	29	•	30	•			erty Tax due Ju			No
	9. Name and Addres	s of Current Register	ed Agent			1	D. Name and A	dress of New I	Registered	Agent	
				B	Name						ļ
	IM, JAMES F			8	2 Street	Address	(P.O. Box Numb	er is Not Accept	able)		
	MMERCE AVE.			_							<u> </u>
SEBRING	FL 33870			В	3						ł
				8	City		<u> </u>		FL	85 Zip	Code
11. Pursuant t	o the provisions of section	в 617.0502 and 617.15	08, Florida Statutes	, the above	named co	rporation	submits this state	ement for the pur	pose of on	anging its rec	lstered
office or re agent. I ar	egistered agent, or both, in n familiar with, and accep	i the State of Florida. S I the obligations of, sec	otion 617.0503, Floi	innorized by rida Statutes	the corpor	rations b	oard of directors.	i nereby accept	tne appoir	ument as reg)ISTOTOG
01011471105											ſ
SIGNATURE.	- 										
	Signature, typed or printed name of			OTE: Registered	Agent signatu	re required v		JANGES TO OF	DATE	ND DIRECT	ODE IN 12
12.		registered agent and title if app FICERS AND DIRECT	ORS	13.		re required v		HANGES TO OF			
12.	OF			13.		T	ADDITIONS/CI	Kesi		ND DIRECTO	ORS IN 12 Addition
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SEBRING FL 33872

14. 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 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 HAME OF SIGNING OFFICER OR DIRECTOR

139/98 941-314-9154 Date Dayling Prone #