

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90042 038 ****61.25

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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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/25/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0461519

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

T ☐ DELETE
NAME HINSKEY, LEE ANN
STREET ADDRESS 5509 GRANADA BLVD
CITY-ST-ZIP SEBRING FL 33872

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P ☐ DELETE
NAME AVIS, ALAN W
STREET ADDRESS 4141 US 27 N SUITE 5
CITY-ST-ZIP SEBRING FL 33872

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

S ☐ DELETE
NAME BLONDIN, DENISE
STREET ADDRESS 1710 EVANGELINE AVENUE
CITY-ST-ZIP SEBRING FL 33870

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VP ☐ DELETE
NAME WELLS, RONALD
STREET ADDRESS 4609 BREAM AVENUE
CITY-ST-ZIP SEBRING FL 33870

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

D ☒ DELETE
NAME CRUMITY, VANN
STREET ADDRESS 1418 LAKEWOOD AVENUE
CITY-ST-ZIP SEBRING FL 33872

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME D Lane Padelford
5.3 STREET ADDRESS 1500 Colmar Ave.
5.4 CITY-ST-ZIP Sebring, FL 33870

D ☐ DELETE
NAME PARKER, KATHLEEN M
STREET ADDRESS 313 COMET TERR
CITY-ST-ZIP SEBRING FL 33872

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98 94-
314-9154
Date Daytime Phone #

CR2E037 (11/98)