


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003703 (5)**

1. Corporation Name

**ATLANTIC HIGH SCHOOL BAND PATRONS ASSOCIATION, I
NC.**



Principal Place of Business 1250 REED CANAL ROAD PORT ORANGE FL 32119	Mailing Address 1250 REED CANAL ROAD PORT ORANGE FL 32119-9106
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3. Date Incorporated or Qualified 07/25/1994	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3257040 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

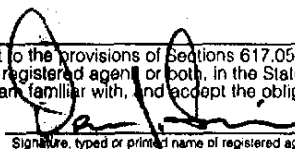
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANDON, RODESTER
1250 REED CANAL ROAD
PORT ORANGE FL 32119**

81 Name DENNIS SCACCIA	85 Zip Code 32119
82 Street Address (P.O. Box Number is Not Acceptable) 1250 REED CANAL ROAD	
83 PORT ORANGE, FL 32119	
84 City PORT ORANGE FL	

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NICHOLASON, REGINA		1.2 NAME GEORGE KISSAM	
STREET ADDRESS 1716 LOUISIANA RD.		1.3 STREET ADDRESS 1034 ALICE DR.	
CITY-ST-ZIP SOUTH DAYTONA FL 32119		1.4 CITY-ST-ZIP DAYTONA BEACH, FL 32117	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURREY, TERRY		2.2 NAME	
STREET ADDRESS 1235 MELISSA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT ORANGE FL 32119		2.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAPLAN, SUZY		3.2 NAME AVIS BENBIT	
STREET ADDRESS 4659 HIDDEN LAKE DR.		3.3 STREET ADDRESS 1079 WEXFORD WY	
CITY-ST-ZIP PORT ORANGE FL 32119		3.4 CITY-ST-ZIP PORT ORANGE, FL 32119	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, GWEN		4.2 NAME NANCY JOHNSON	
STREET ADDRESS 9455 S. PALMETTO		4.3 STREET ADDRESS 1201 BRENTWOOD CT	
CITY-ST-ZIP DAYTONA BEACH FL 32114		4.4 CITY-ST-ZIP PORT ORANGE, FL 32119	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DREGGORS, LISA		5.2 NAME LAURIE WILLIAMS	
STREET ADDRESS 1224 HERBERT STREET		5.3 STREET ADDRESS 4601 CHARDONNAY DR	
CITY-ST-ZIP PORT ORANGE FL 32119		5.4 CITY-ST-ZIP PORT ORANGE, FL 32119	
TITLE SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SANFORD, JANE		6.2 NAME KIM JOYNER	
STREET ADDRESS 515 DORSET CIRCLE		6.3 STREET ADDRESS 844 PONDEROSA DR	
CITY-ST-ZIP SOUTH DAYTONA FL 32119		6.4 CITY-ST-ZIP SOUTH DAYTONA, FL 32119	

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.

CR2E037 (9/96)