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May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000003703 (5)

1. Corporation Name

ATLANTIC HIGH SCHOOL BAND PATRONS ASSOCIATION, I
NC.



Principal Place of Business

Mailing Address

1250 REED CANAL ROAD
PORT ORANGE FL 32119

1250 REED CANAL ROAD
PORT ORANGE FL 32119

3. Date Incorporated or Qualified

07/25/1994

4. FEI Number

59-3257040

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCACCIA, DENNIS
1250 REED CANAL RD
PORT ORANGE FL 32119

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KISSAM, GEORGE
1034 ALICE RD
DAYTONA BEACH FL

DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CURREY, TERRY
1235 MELISSA DRIVE
PORT ORANGE FL 32119

DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BENOIT, AVIS
1079 WEXFORD WAY
PORT ORANGE FL

DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
JOHNSON, NANCY
1201 BRENTWOOD CT
PORT ORANGE FL

DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
WILLIAMS, LAURIE
4881 CHARDONNAY DR
PORT ORANGE FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
JOYNER, KIM
844 PANDEROSA DR
SOUTH DAYTONA FL

DELETE

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

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]

1/2/98

01/2/98 12:00

CR2E037 (10/97)