

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90008 010 \*\*\*\*61.25

DOCUMENT # N94000003703

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

6 614161-90008-10



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3257040	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	

I, 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	
LE	P KISSAM, GEORGE 1034 ALICE RD DAYTONA BEACH FL	1.1 TITLE	PRESIDENT
WE		1.2 NAME	ROBERT BARNES
REET ADDRESS		1.3 STREET ADDRESS	2335 BRIAN AVE
Y-ST-ZIP		1.4 CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
LE	VD CURREY, TERRY 1235 MELISSA DRIVE PORT ORANGE FL 32119	2.1 TITLE	TREASURER
WE		2.2 NAME	STEVEN CORTES
REET ADDRESS		2.3 STREET ADDRESS	1245 THOMAS DRIVE
Y-ST-ZIP		2.4 CITY-ST-ZIP	PORT ORANGE, FL 32119
LE	VD BENOIT, AVIS 1079 WEXFORD WAY PORT ORANGE FL	3.1 TITLE	
WE		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	VD JOHNSON, NANCY 1201 BRENTWOOD CT PORT ORANGE FL	4.1 TITLE	
WE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	T WILLIAMS, LAURIE 4681 CHARDONNAY DR PORT ORANGE FL	5.1 TITLE	
WE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	VD JOYNER, KIM 844 PANDEROSA DR SOUTH DAYTONA FL	6.1 TITLE	
WE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)