

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N95000001297 (9)**

1. Corporation Name

**CENTRAL FLORIDA PIPES & DRUMS, INC.**



Principal Place of Business

Mailing Address

**2845 REDDITT ROAD  
ORLANDO FL 32822**

**2845 REDDITT ROAD  
ORLANDO FL 32822**

3. Date Incorporated or Qualified

3a. Date of Last Report

**03/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

**59-3302407**

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRIS, TERRI L  
201 E PINE STREET, SUITE 1200  
ORLANDO FL 32802**

81 Name

**Catherine M. Knoth**

82 Street Address (P.O. Box Number is Not Acceptable)

**2845 Redditt Road**

83

84 City

**Orlando**

FL

85 Zip Code

**32822**

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 617.0508, Florida Statutes.

SIGNATURE

*Catherine M. Knoth*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7/1/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **BARR, DENNIS**  
STREET ADDRESS **401 TIVOLI PARK DR**  
CITY-ST-ZIP **DAVENPORT FL 33837**

11 TITLE **PD** ☐ Change ☒ Addition  
12 NAME **Sam Hall**  
13 STREET ADDRESS **1072 Hunt Street**  
14 CITY-ST-ZIP **Palm Bay, FL 32709**

TITLE **STD** ☐ DELETE  
NAME **KNOTH, CATHERINE M**  
STREET ADDRESS **2845 REDDITT ROAD**  
CITY-ST-ZIP **ORLANDO FL 32822**

21 TITLE **TD** ☒ Change ☐ Addition  
22 NAME **KNOTH, CATHERINE M**  
23 STREET ADDRESS **2845 REDDITT ROAD**  
24 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **D** ☐ DELETE  
NAME **HOLTON, JAMES**  
STREET ADDRESS **499 ROCKY BROOK CT**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

31 TITLE **SD** ☐ Change ☒ Addition  
32 NAME **GODBEE, LEAH**  
33 STREET ADDRESS **1847 Baylarian Boulevard**  
34 CITY-ST-ZIP **Orlando, FL 32822**

TITLE **D** ☐ DELETE  
NAME **YATES, JEB**  
STREET ADDRESS **101 BUMBY AVENUE APT 22**  
CITY-ST-ZIP **ORLANDO FL 32803**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KEMLER, WILLIAM**  
STREET ADDRESS **101 BUMBY AVENUE APT 22**  
CITY-ST-ZIP **ORLANDO FL 32803**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **DAVID, MARION**  
STREET ADDRESS **2210-1 COACH HOUSE BLVD**  
CITY-ST-ZIP **ORLANDO FL 32812**

61 TITLE **300001856495** ☐ Change ☐ Addition  
62 NAME **-06/10/96--01012--001**  
63 STREET ADDRESS **\*\*\*78.75**  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12 May 96**

**6/10/96**

CR2E037 (12/95)