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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006776 (5)

1. Corporation Name

CORAL REEF SENIOR HIGH SCHOOL BAND PARENTS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
CORAL REEF SENIOR HIGH SCHOOL 10101 S.W. 152ND STREET MIAMI FL 33176	CORAL REEF SENIOR HIGH SCHOOL 10101 S.W. 152ND STREET MIAMI FL 33176

3. Date Incorporated or Qualified	12/03/1997
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 14457 SW 139 Ave East
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Miami
24 Country	29 33186
25	30 Dade

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
DAWES, ORIZA 14457 S.W. 139TH AVENUE, EAST MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	Oriza M. Dawes <input type="checkbox"/> DELETE
NAME	14457 SW 139 Ave East
STREET ADDRESS	Miami, FL 33186
CITY-ST-ZIP	President/Director
TITLE	Eunice Wilson <input type="checkbox"/> DELETE
NAME	9345 SW 170 Lane
STREET ADDRESS	Miami, FL 33157
CITY-ST-ZIP	V. President/Director
TITLE	Nancy Calacavacchia <input type="checkbox"/> DELETE
NAME	8860 Caribbean Boulevard
STREET ADDRESS	Miami, FL 33157
CITY-ST-ZIP	Secretary/Director
TITLE	Richard Campbell <input type="checkbox"/> DELETE
NAME	10362 SW 144 Street
STREET ADDRESS	Miami, FL 33176
CITY-ST-ZIP	Treasurer/Director
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Oriza M. Dawes, President (305) 448-1600*

CPE037 (10/97)