

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 048 ****61.25

DOCUMENT # N98000001620

Corporation Name

GLADES MIDDLE SCHOOL BAND PATRONS ASSOCIATION, INC.

Principal Place of Business

451 SW 64TH ST
MIAMI FL 33173

Mailing Address

9451 SW 64TH ST
MIAMI FL 33173

614199-90008-98



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/19/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LUACES PRENAT, ARACELI 9900 SW 77TH DR MIAMI FL 33173				81 Name JOHN STEVERDING 82 Street Address (P.O. Box Number is Not Acceptable) 8602 SW 102 ST 83 84 City MIAMI FL FL 85 Zip Code 33156	

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: JOHN STEVERDING 8-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD OATES, EDWARD 10124 SW 77 CT MIAMI FL 33156	1.1 TITLE	PD JOHN STEVERDING
ME		1.2 NAME	8602 SW 102 ST
REET ADDRESS		1.3 STREET ADDRESS	MIAMI FL 33156
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	VD DOLLAR, VERONICA 7821 SW 99 ST MIAMI FL 33156	2.1 TITLE	VD MARLENE ROMANO
ME		2.2 NAME	9201 SW 100 AVE RD.
REET ADDRESS		2.3 STREET ADDRESS	MIAMI FL 33176
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	SD BENNETT, CAROL 9501 SW 97 ST MIAMI FL 33156	3.1 TITLE	SD LIDIA MOORE
ME		3.2 NAME	9525 SW 93 AVE
REET ADDRESS		3.3 STREET ADDRESS	MIAMI FL 33176
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	T LUACES PRENAT, ARACELI 9900 SW 77 DR MIAMI FL 33173	4.1 TITLE	TD MARIA McCLASKY
ME		4.2 NAME	10220 SW 96 TERN
REET ADDRESS		4.3 STREET ADDRESS	MIAMI FL 33156
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, 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: JOHN STEVERDING 8-30-99 (305) 271-5936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)