


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90135 014 ****61.25

DOCUMENT # N03000003606			
1. Entity Name RSA MUSIC PARENTS ASSOCIATION, INC.			
Principal Place of Business 1501 MARTIN LUTHER KING JR AVE LAKELAND, FL 33805		Mailing Address 1501 MARTIN LUTHER KING JR AVE LAKELAND, FL 33805	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DYER, JOANNE 530 GIBSON ROAD SOUTH LAKELAND, FL 33813		Name <u>MARY S LAMBERT</u> Street Address (P.O. Box Number is Not Acceptable) <u>521 GIBSON RD S.</u> City <u>LAKELAND, FL</u> Zip Code <u>33813</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Mary S. Lambert</u>		DATE <u>3/12/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D STRIKE, JAY E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIKE, JAY E	NAME	
STREET ADDRESS	720 ORANGE VALLEY CIR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	D LAMBERT, MARY S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, MARY S	NAME	
STREET ADDRESS	521 GIBSON ROAD S	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	D HARDY, TRICIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, TRICIA	NAME	
STREET ADDRESS	420 E HIBISCUS #3	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP	
TITLE	D DYER, JOANNE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, JOANNE	NAME	
STREET ADDRESS	530 GIBSON ROAD S	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.			
SIGNATURE: <u>Jay Strike</u>		Date <u>3-12-04</u> Daytime Phone # <u>863-499-2810</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 35-2209932 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required