


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90172 004 \*\*\*\*70.00

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<b>DOCUMENT # N03000003606</b>					
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		4. FEI Number 35-2209932	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMBERT, MARY S 521 GIBSON RD S. LAKELAND, FL 33813			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Delete	TITLE	D Jesse Bryant <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STRIKE, JAY E	NAME	Jesse Bryant		
STREET ADDRESS	720 ORANGE VALLEY CIR	STREET ADDRESS	9410 Osceola St.		
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	Lakeland, FL 33801		
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	<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			
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 like empowered.					
SIGNATURE: <u>Tricia Hardy</u>		Date: <u>4/5/05</u>		Daytime Phone #: <u>863-838-6570</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					