


FILED
Jul 11, 2007 8:00 am
Secretary of State

05-18-2007 90028 018 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 35-2209932		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 <i>Mary S. Lambert</i>		SIGNATURE <i>Mary S. Lambert</i>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>6/25/07</i>		DATE	
Filing Fee is \$61.25 Due by September 14, 2007		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	TITLE	
NAME	BRYANT, JESSE	NAME	
STREET ADDRESS	9410 OSCEOLA ST	STREET ADDRESS	
CITY - ST - ZIP	LAKELAND, FL 33801	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	LAMBERT, MARY S	NAME	
STREET ADDRESS	521 GIBSON ROAD S	STREET ADDRESS	
CITY - ST - ZIP	LAKELAND, FL 33813	CITY - ST - ZIP	
TITLE	V	TITLE	D
NAME	SCHWEIM, TRICIA	NAME	SARAH MORRISON
STREET ADDRESS	6353 BUTTERNUTT DR	STREET ADDRESS	1015 S. TENNESSEE AVE.
CITY - ST - ZIP	LAKELAND, FL 33813	CITY - ST - ZIP	LAKELAND, FL 33803
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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 exemptions contained in Chapter 119, 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: <i>Mary S. Lambert</i>		SIGNATURE: <i>Mary S. Lambert</i>	
Signature typed or printed name of signing officer or director		Date: <i>6/25/07</i>	
		Daytime Phone: <i>863-644-6731</i>	

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05152007 Chg-NP CR2E037 (12/06)