

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009043

FILED
Feb 16, 2011
Secretary of State

Entity Name: STORM GROVE MIDDLE SCHOOL BAND PARENT ASSOCIATION, INC.

Current Principal Place of Business:

6400 57TH STREET
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

6400 57TH STREET
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 27-1015539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, LAURI H
4725 70TH TERR
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SIMPSON, LAURI
Address: 4725 70TH TERRACE
City-St-Zip: VERO BEACH, FL 32967

Title: VPD
Name: ROBINSON, DEBORAH F
Address: 6090 46TH LANE
City-St-Zip: VERO BEACH, FL 32967

Title: VPD
Name: DEBRAAL, CHRISTINE L
Address: 6090 46TH LANE
City-St-Zip: VERO BEACH, FL 32967

Title: TD
Name: HOWARD, CINDY
Address: 4150 12TH PLACE SW
City-St-Zip: VERO BEACH, FL 32968

Title: SD
Name: MULCAHY, SUSAN
Address: 103 HARRIS DR
City-St-Zip: SEBASTIAN, FL 32958

Title: D
Name: SRIGLEY, SEAN
Address: 1444 STONECROP STREET
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURI H SIMPSON

PD

02/16/2011

Electronic Signature of Signing Officer or Director

Date