

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006433

Entity Name: SANDALWOOD BAND ASSOCIATION, INC.**Current Principal Place of Business:**2750 JOHN PROM BLVD.
ATTN: STEPHEN PANOFF, BAND DIRECTOR
JACKSONVILLE, FL 32246**Current Mailing Address:**2750 JOHN PROM BLVD.
ATTN: STEPHEN PANOFF, BAND DIRECTOR
JACKSONVILLE, FL 32246 US**FEI Number:** 23-7209269**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SATO, TERIEA
2750 JOHN PROM BLVD.
ATTN: STEPHEN PANOFF, BAND DIRECTOR
JACKSONVILLE, FL 32246 US*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:** TERIEA SATO**04/12/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name O'BRIEN, SEAN
Address 2750 JOHN PROM BLVD.
 ATTN: STEPHEN PANOFF, BAND
 DIRECTOR
City-State-Zip: JACKSONVILLE FL 32246

Title PARLIAMENTARIAN
Name CUARESMA, LORI
Address 2750 JOHN PROM BLVD.
 ATTN: STEPHEN PANOFF, BAND
 DIRECTOR
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. TREASURER
Name BACZKOWSKI, BRANDI
Address 2750 JOHN PROM BLVD
 ATTN: STEPHEN PANOFF, BAND
 DIRECTOR
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name KAPLE, CHRISTINA
Address 2750 JOHN PROM BLVD
 ATTN : STEPHEN PANOFF, BAND
 DIRECTOR
City-State-Zip: JACKSONVILLE FL 32246

Title VP
Name MCCLAIN, CHRIS
Address 2750 JOHN PROM BLVD.
 ATTN: STEPHEN PANOFF, BAND
 DIRECTOR
City-State-Zip: JACKSONVILLE FL 32246

Title FUNDRAISER
Name NESTOR, BRAD
Address 2750 JOHN PROM BLVD.
 ATTN: STEPHEN PANOFF, BAND
 DIRECTOR
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER
Name SATO, TERIEA
Address 2750 JOHN PROM BLVD
 ATTN : STEPHEN PANOFF, BAND
 DIRECTOR
City-State-Zip: JACKSONVILLE FL 32246

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: TERIEA SATO**TREASURER****04/12/2023**

