

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009043

FILED
Feb 20, 2015
Secretary of State
CC9633612530

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

Current Principal Place of Business:

6400 57TH STREET
VERO BEACH, FL 32967

Current Mailing Address:

6400 57TH STREET
VERO BEACH, FL 32967

FEI Number: 27-1015539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILD, JOY
8725 SEACREST DRIVE
VERO BEACH, FL 32963 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: JOY WILD

02/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WILD, JOY
Address 8725 SEACREST DRIVE
City-State-Zip: VERO BEACH FL 32963

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

Title TREASURER
Name MURDOCK, AMANDA
Address 2416 47TH TERRACE
City-State-Zip: VERO BEACH FL 32966

Title VP
Name LIVINGSTON, MICHELE
Address 4860 13TH PLACE
City-State-Zip: VERO BEACH FL 32966

Title SECRETARY
Name CHAREST, KATHY
Address 6427 55TH SQUARE
City-State-Zip: VERO BEACH FL 32967

Title OTHER
Name CRESS, TONI
Address 1330 32ND AVENUE
City-State-Zip: VERO BEACH FL 32963

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: AMANDA J MURDOCK

TREASURER

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date