

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005636

**Entity Name:** LMHS DRAMA PARENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

101 N. HANCOCK RD.  
MINNEOLA, FL 34175

**Current Mailing Address:**

101 N. HANCOCK RD.  
MINNEOLA, FL 34175

**FEI Number: 82-1696188**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD., STE. A  
TAMPA, FL 33612 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MULLER, SHANNON  
Address 101 N. HANCOCK RD.  
City-State-Zip: MINNEOLA FL 34175

Title TD  
Name BAXTER, WILLIAM C  
Address 101 N. HANCOCK RD.  
City-State-Zip: MINNEOLA FL 34175

Title D  
Name TANNENBAUM, MARCY  
Address 101 N. HANCOCK RD.  
City-State-Zip: MINNEOLA FL 34175

Title SD  
Name PEREZ, BETSY  
Address 101 N. HANCOCK RD.  
City-State-Zip: MINNEOLA FL 34175

Title D  
Name BAXTER, KAITLIN E  
Address 101 N. HANCOCK RD.  
City-State-Zip: MINNEOLA FL 34175

*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: WILLIAM C. BAXTER**

**TREASURER**

**04/14/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date