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: ANN MERTENS

Т

Electronic Signature of Signing Officer/Director Detail

Entity Name: LMHS DRAMA PARENTS ASSOCIATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Mailing Address:

DOCUMENT# N17000005636

Current Principal Place of Business:

101 N HANCOCK ROAD MINNEOLA, FL 34175 US

FEI Number: 82-1696188

Name and Address of Current Registered Agent:

DERBYSHIRE, KAITLIN 101 N HANCOCK ROAD MINNEOLA, FL 34175 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:	KAITLIN DERBYSHIRE			05/01/2024		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	TREASURER			
Name	COLEBUNDERS, EDWIN	Name	MERTENS, ANN			
Address	17839 GOURD NECK LOOP	Address	17839 GOURD NECK LOOP			
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787			
Title	SECRETARY	Title	VP			
Name	SIT, SHANNON	Name	MATTOX, WILLIAM			
Address	517 GENTLE BREEZE DR	Address	15507 CRYSTAL CREEK DR			
City-State-Zip:	MINNEOLA FL 34715	City-State-Zip:	CLERMONT FL 34711			

Certificate of Status Desired: No

FILED May 01, 2024 Secretary of State 0220995270CC

Date

05/01/2024

TREASURER