

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 019 ****61.25

DOCUMENT # 700314

1. Entity Name
**TERRY PARKER BAND ORGANIZATION,
INCORPORATED**



Principal Place of Business
**7301 PARKER SCHOOL RD.
JACKSONVILLE, FL 32211**

Mailing Address
**7301 PARKER SCHOOL RD.
JACKSONVILLE, FL 32211**

54071185



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, MARLENE B
8409 HAVERHILL ST
JACKSONVILLE, FL 32211**

Name **KEN PERRY**
Street Address (P.O. Box Number is Not Acceptable)

3905 RAINTREE RD.

City **JACKSONVILLE** FL Zip Code **32277**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PERRY, KEN**
CITY - ST - ZIP **3405 RAINTREE RD
JACKSONVILLE, FL 32277**

TITLE ☒ Change ☐ Addition
NAME **KEN PERRY**
STREET ADDRESS **3905 RAINTREE RD**
CITY - ST - ZIP **JACKSONVILLE FL 32277** **Treasurer**

TITLE ☒ Delete
NAME **VO**
STREET ADDRESS **WEDENFELLER, PAM**
CITY - ST - ZIP **8429 STARWAR RD S
JACKSONVILLE, FL 32211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **KELLY, BRENDA**
CITY - ST - ZIP **8707 HAVERHILL STREET
JACKSONVILLE, FL 32211**

TITLE ☐ Change ☐ Addition
NAME **KEVIN F. GAUS**
STREET ADDRESS **3957 KADEN DR. E.**
CITY - ST - ZIP **JACKSONVILLE FL 32277** **PRESIDENT**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GREEN, WARD**
CITY - ST - ZIP **6418 WHISPERING OAKS DR
JACKSONVILLE, FL 32277**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **Jim Beck**
CITY - ST - ZIP **3966 HEATH ROAD
JACKSONVILLE FL 32277**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **Robert Tano**
STREET ADDRESS **7867 Glen Echo Rd. N.**
CITY - ST - ZIP **Jacksonville FL 32211** **SEC.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **Beita Courtney**
STREET ADDRESS **3555 Jacona DR**
CITY - ST - ZIP **JAX 32277** **VP**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an address with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #