


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90043 019 \*\*\*\*61.25

<b>DOCUMENT # 700314</b>					
1. Entity Name <b>TERRY PARKER BAND ORGANIZATION, INCORPORATED</b>					
Principal Place of Business <b>7301 PARKER SCHOOL RD. JACKSONVILLE FL 32211</b>			Mailing Address <b>7301 PARKER SCHOOL RD. JACKSONVILLE FL 32211</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEWIS, CHERYLE</b> <b>7067 GALLARDIA ROAD</b> <del><b>ORLANDO FL 32811</b></del> <b>Jacksonville FL 32211</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u><i>Cheryle M. Lewis</i></u> <u><i>Cheryle M. Lewis</i></u> <u><i>4-27-2006</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, CHERYLE		NAME		
STREET ADDRESS	7067 GALLARDIA ROAD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32211		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUS, KEVIN F		NAME		
STREET ADDRESS	3957 KAIDEN DR E		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32277		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECK, JIM		NAME		
STREET ADDRESS	3966 HEATH RD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32277		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEARWOOD, ANN		NAME	<i>Secretary</i>	
STREET ADDRESS	3308 SARA DRIVE		STREET ADDRESS	<i>Patti Howell</i>	
CITY - ST - ZIP	JACKSONVILLE FL 32277		CITY - ST - ZIP	<i>7240 Adele Court</i>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURDEN, BETH		NAME		
STREET ADDRESS	8257 SANLANDO AVENUE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32211		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, DENISE		NAME	<i>Second Vice President</i>	
STREET ADDRESS	3258 ACE COURT		STREET ADDRESS	<i>Lisa McClain</i>	
CITY - ST - ZIP	JACKSONVILLE FL 32277		CITY - ST - ZIP	<i>8230-1606 Dames Pt. Crossing Blvd</i>	
			<i>Jacksonville FL 32277</i>		



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attachment with an address, with all other like empowered.

**SIGNATURE:** *Cheryle M. Lewis* *Cheryle M. Lewis* *4/27/06* *904-743-9263*