

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 712314

FILED
Nov 04, 2009
Secretary of State

Entity Name: SEABREEZE BAND PARENT'S ASSOCIATION, INC.

Current Principal Place of Business:

SEABREEZE HIGH SCHOOL
2700 N. OLEANDER AVE.
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

SEABREEZE HIGH SCHOOL
2700 N. OLEANDER AVE.
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-6606898 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STRCULA, ROGER
1510 OAK FOREST DR
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

HART, RAYNE PRESIDE
22 CROOKED TREE TRAIL
ORMOND BEACH, FL 32174 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: RAYNE HART

11/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRCULA, ROGER
Address: 1510 OAK FOREST DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: NICHOLS, DAVID
Address: 36 PEBBLE BEACH DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: BROZYNA, DEBRA
Address: 228 S HALIFAX DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD () Delete
Name: FARRELL, KATHLEEN
Address: 1666 SPRING GARDEN CT
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: SCACCIA, DENNIS
Address: 2700 N. OLEANDER AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HART, RAYNE
Address: 22 CROOKED TREE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD (X) Change () Addition
Name: TOLLISON, GARY
Address: 793 KNOLLVIEW BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change () Addition
Name: BROWN, WANDA
Address: 4 SHELLY WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD (X) Change () Addition
Name: DUNLAP, SHARON
Address: 5 BOXWOOD CT.
City-St-Zip: ORMOND BEACH, FL 32174T

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WANDA BROWN

TREA

11/04/2009

Electronic Signature of Signing Officer or Director

Date