2004 NOT-FOR-PROFIT CORPORATION **AMENDED ANNUAL REPORT**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #731503** 04 SEP 21 AM 8:00 DEERFIELD BEACH HIGH SCHOOL BAND PARENTS ASSOCIATION, INC. Principal Place of Business Mailing Address DEERFIELD BEACH HIGH SCHOOL 410 S.E. 2ND AVENUE 910 SW 15TH ST. APT A-1 DEERFIELD BCH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address 1100 S.E Suite, Apt. #, etc. Suite, Apt. #, etc. 08302004 CR2E037 (10/03) Chg-NP City & State 4. FEI Number 59-1793437 Applied For City & State <u>er</u>tield Not Applicable Broward Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOYT, SUSAN Street Address (P.O. Box Number is Not Acceptable) 410 S.E. 2ND AVENUE APT A-1 DEERFIELD BEACH, FL 33441 Zip Code FL 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 . (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change | ☐ Addition TITLE Hesidert Delete THILE HANNAH, CHARLENE NAME NAME Vonda Carson 9023 N.W. 385 Street STREET ADDRESS 1400 NW 33RD STREET, LOT 36 STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-ZIP CITY-ST-7LP TITLE ☐ Delete TITLE Change ■ Addition NAME GRAHAM, VIOLA NAME 200041296542 09/23/04--01057--003 **61.25 211 NE 43RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME HOYT, SUSAN NAME STREET ADDRESS 1100 SE 4TH AVE APT 30 STREET ADDRESS DEERFIELD BEACH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP M Change TITLE Delete TITLE ☐ Addition Youna CARSON, VONDAL NAME NAME S.W. 33TO Avenue STREET ADDRESS 9023 N.W. 38TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 attachment with an address, with all offer like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP