
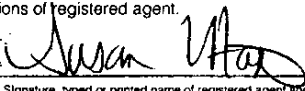
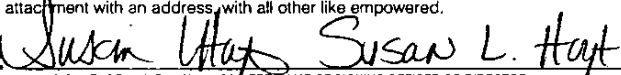


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90136 004 ****61.25

DOCUMENT # 731503 1. Entity Name DEERFIELD BEACH HIGH SCHOOL BAND PARENTS ASSOCIATION, INC.					
Principal Place of Business DEERFIELD BEACH HIGH SCHOOL 910 SW 15TH ST. DEERFIELD BCH, FL 33441 US			Mailing Address 1100 S.E. 4TH AVE APT 30 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent YOUNG, MARY ANN 318 SW 33RD AVE DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name Susan Hoyt Street Address (P.O. Box Number is Not Acceptable) 1100 S.E. 4TH Avenue. Apt 30 Deerfield Beach FL Zip Code 33441		
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete CARSON, VONDA 9023 N.W. 38TH STREET CORAL SPRINGS, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sophia Hendricks 550 N.E. 44TH Street, Apt m2 Deerfield Beach, FL 33064	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete HANNAN, CHARLENE 1400 NW 33RD ST LOT 36 POMPAÑO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maria Corado 3788 Lancewood Drive Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT <input type="checkbox"/> Delete HOYT, SUSAN 1100 SE 4TH AVE APT 30 DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Susan Hoyt 1100 S.E. 4TH Ave., Apt Deerfield Beach, FL 33441	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES <input checked="" type="checkbox"/> Delete YOUNG, MARY ANN 318 S.W. 33RD AVENUE DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dynamic Band Parent Rep <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Viola Graham 211 N.E. 43rd Street Pompano Beach, FL 33064	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Band Parent Mediator <input checked="" type="checkbox"/> Delete SHOATS, ROSA 240 NE 45TH CT DEERFIELD BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  Susan L. Hoyt 2/26/06 561-477-9000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					