

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90001 047 ****61.25

DOCUMENT # 734624

1. Entity Name

**AVON PARK BAND PARENTS AND BOOSTER
ASSOCIATION, INC.**



Principal Place of Business

**700 EAST MAIN STREET
AVON PARK FL 33825**

Mailing Address

**700 EAST MAIN STREET
AVON PARK FL 33825**

2. Principal Place of Business

3. Mailing Address

P.O. Box 722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Avon Park FL

Zip

Country

Zip

Country

33826

Highlands

6. Name and Address of Current Registered Agent

**BARBER, DEBORAH A
439 E. SHOCKLEY RD.
AVON PARK FL 33825**

7. Name and Address of New Registered Agent

Name
Sabrina J. Scott

Street Address (P.O. Box Number is Not Acceptable)
511 E. Maple St.

City

Avon Park

FL

Zip Code
33825

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 *Sabrina J. Scott* Treasurer

2-24-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE PD
NAME SPURLOCK, SANDRA ☒ Delete
STREET ADDRESS 50 HOG RD
CITY-ST-ZIP AVON PARK FL 33825

TITLE SD
NAME ROBINSON, ABBY ☐ Delete
STREET ADDRESS 600 S. CHRISTY JO DR.
CITY-ST-ZIP AVON PARK FL 33825

TITLE TD
NAME GREBING, ROGER ☒ Delete
STREET ADDRESS 2165 N. TORRINGTON
CITY-ST-ZIP AVON PARK FL 33825

TITLE VD
NAME LAFLAM, DEBORAH ☐ Delete
STREET ADDRESS 2039 N. BERKELEY RD.
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Deborah LaFlam
STREET ADDRESS 2039 N. Berkley Rd.
CITY-ST-ZIP Avon Park, FL 33825

TITLE PD ☐ Change ☒ Addition
NAME Anita Fletcher
STREET ADDRESS 425 E. Bell St.
CITY-ST-ZIP Avon Park, FL 33825

TITLE VD ☐ Change ☒ Addition
NAME Vealda Lambright
STREET ADDRESS 406 Lake Denton Terr.
CITY-ST-ZIP Avon Park, FL 33825

TITLE TD ☐ Change ☒ Addition
NAME Sabrina Scott
STREET ADDRESS 511 E. Maple St.
CITY-ST-ZIP Avon Park, FL 33825

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

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

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 other like empowered.

SIGNATURE: *Sabrina J. Scott* Sabrina J. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 24, 2004 385-8700

Date

Daytime Phone #

(863)