

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90044 014 ****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
**P.O. BOX 722
AVON PARK, FL 33826**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6171071

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONALDSON, DEVON P
120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WILLIS, JOSEPH ☐ Delete
STREET ADDRESS ~~WEST LAGRANDE STREET - 25~~
CITY-ST-ZIP AVON PARK, FL 33825

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

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

TITLE Secretary
NAME Nancy Zachary ☐ Change ☐ Addition
STREET ADDRESS 1800 W. Fonda Rd.
CITY-ST-ZIP Avon Park, FL 33825

TITLE VD
NAME GERGEN, JONI ☐ Delete
STREET ADDRESS 1300 E OAK RUN
CITY-ST-ZIP AVON PARK, FL 33825

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

TITLE RD
NAME STEPHENS, DIANNE ☐ Delete
STREET ADDRESS 2074 W. LOWEN ROAD
CITY-ST-ZIP AVON PARK, FL 33825

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

TITLE TD
NAME WILLIS, JENNIFER ☐ Delete
STREET ADDRESS ~~WEST LAGRANDE STREET - 25~~
CITY-ST-ZIP AVON PARK, FL 33825

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

TITLE ☐ Delete
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 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: *[Signature]* Daniel J. Willis

4/17/2008 863-443-2490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #