2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT #734840** 1. Entity Name LAKE HOWELL HIGH SCHOOL BAND PARENTS 01-16-2008 90050 002 ****61.25 ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 598 4200 DIKE ROAD WINTER PARK, FL 32792 GOLDENROD, FL 32733-0598 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Sulte. Apt. #. etc. 01052008 Chg-NP CR2E037 (12/06) FEI Number 23-7421333 City & State City & State Applied For Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Christine Synan SCOTT, JODY 5504 ALBERT DRIVE Street Address (P.O. Box Number is Not Acceptable) Eastbrook Blvd. WINTER PARK, FL 32792 Winter Park 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 (NCTLE: Receivered Accent sconeture required when remetating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to. \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TD Change Addition PD TITLE TITLE Delete SCOTT, JODY NAME Synan, Christine STREET ADDRESS STREET ADDRESS 5504 ALBERT DRIVE 2310 Eastbrook Blvd. WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP Winter Park, Fl. 32792 TITLE VD TITLE Change XIX Addition **EX**Delete MARINI, BONNIE NAME NAME Sanchez, Ivan 2877 ALOMA LAKE RUN STREET ADDRESS STREET ADDRESS 236 Copperfield Terrace CITY-ST-71P OVIEDO, FL 32765 CITY-ST-7P Casselberry, FL 32707 80 ☐ Change XIX Addition TITLE **College** TITLE Cindy Lally DOWNS, LISA NUME NAME 3152 WATER EDGE POINT 2310 Fieldingwood Road STREET ADORESS STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 TITLE TITLE ☐ Delete Change Addition HYSON, JEFF NAME NAME Hyson, Jeff STREET ADDRESS 2898 OAK BLUFF WAY STREET ADDRESS 2898 Oak Bluff Way CITY-ST-7P **OVIEDO, FL 32765** CITY-ST-ZIP Oviedo, FL 32765 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(1Y-S1-Z)P TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like pmpowered.

FILED

Jan 16, 2008 8:00 am