

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750244

FILED
Jun 03, 2005
Secretary of State

Entity Name: MEL-HI BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1821
MELBOURNE, FL 32902

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1821
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 59-2449843 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GILLIS, PATRICK B MR
7926 TIMBERLAKE DRIVE
WEST MELBOURNE, FL 32904 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOSS, JAMES MR
Address: 3211 OHIO ST
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VD () Delete
Name: GROSS, PAMELA MRS
Address: 999 TALL TREE CT
City-St-Zip: WEST MELBOURNE, FL 32904

Title: TD () Delete
Name: GILLIS, PATRICK B MR
Address: 7926 TIMBERLAKE DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: SD () Delete
Name: LECLAIR, ERIN MRS
Address: 2431 OKLAHOMA
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK B. GILLIS

TD

06/03/2005

Electronic Signature of Signing Officer or Director

_____ Date