

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750244

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

74 BULLDOG BLVD.  
MELBOURNE, FL 32901

**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 ( )**

**Name and Address of Current Registered Agent:**

GROSS, PAMELA J MS  
999 TALL TREE CT.  
WEST MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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  
Name: OLIVE, STEPHEN MR  
Address: 920 FAIRHAVEN ST NE  
City-St-Zip: PALM BAY, FL 32907

Title: VD  
Name: GABELER, LINDA MR  
Address: 524 WESTMINSTER AVE  
City-St-Zip: MELBOURNE, FL 32935

Title: TD  
Name: GROSS, PAMELA J MRS  
Address: 999 TALL TREE CT.  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: SD  
Name: VOSWINKLE, HOLLY MRS  
Address: 7558 NEWCOMB LANE  
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby 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 all other like empowered.

SIGNATURE: MRS PAMELA J GROSS

TD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date