

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767392

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** SPRUCE CREEK MUSICAL PERFORMING ARTS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

ATT: BAND PARENTS ASSOC.  
801 TAYLOR ROAD  
PORT ORANGE, FL 321274715

**New Principal Place of Business:**

ATT: BAND PARENTS ASSOC.  
801 TAYLOR ROAD  
PORT ORANGE, FL 32127

**Current Mailing Address:**

P.O. BOX 290572  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number:** 59-1675479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIDD, ANDREW C  
801 TAYLOR ROAD  
SPRUCE CREEK HIGH  
PORT ORANGE, FL 32127 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 ( ) Delete  
Name: MACKENZIE, SUSAN  
Address: 691 BRECKENRIDGE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: VD ( ) Delete  
Name: MONGATO, JOE  
Address: 2531 SUNSET DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD ( ) Delete  
Name: KAROL, TERRI  
Address: 1746 TRIBUTORY LANE  
City-St-Zip: PORT ORANGE, FL 32128

Title: SD ( ) Delete  
Name: NOREEN, KEARNE  
Address: 819 CLEAR LAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: BERDEQUEZ, CINDY  
Address: 1315 CREPE MYRTLE LANE  
City-St-Zip: PORT ORANGE, FL 32128

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 exemption stated 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 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: TERRI D. KAROL

TD

01/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date