# 2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Aug 19, 2010**
**Secretary of State**

DOCUMENT# 767392

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 (X)**

**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
Name: BERDEGUEZ, CYNTHIA
Address: 1315 CREPE MYRTLE LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: VD
Name: SKORA, JOHN
Address: 3527 S. PENNISULA DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: TD
Name: HEUER, DAWN
Address: 709 E. PINE FOREST TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: SD
Name: ISAIS, LINDA
Address: 2569 EUSTACE AVENUE
City-St-Zip: DELTONA, FL 32725

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: MELISSA JOLLY TD 08/19/2010
Electronic Signature of Signing Officer or Director Date