

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90146 027 ****61.25

DOCUMENT # 769494

1. Entity Name

KATHLEEN SENIOR HIGH SCHOOL BAND PARENTS' ASSOCIATION, INC.



Principal Place of Business

**2600 CRUTCHFIELD RD
LAKELAND FL 33805**

Mailing Address

**2600 CRUTCHFIELD RD
LAKELAND FL 33805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2298135**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**Tom Ray
2600 CRUTCHFIELD RD
LAKELAND FL 33805**

7. Name and Address of New Registered Agent

Name

Mike D'Angelo

Street Address (P.O. Box Numbers Not Acceptable)

Same

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ASHLEY, MARGORIE**
STREET ADDRESS **3412 JUSTIN DAVID COURT**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **VD** ☐ Delete
NAME **IVEY, ERNIE**
STREET ADDRESS **702 SWISS DRIVE**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **TD** ☒ Delete
NAME **WOZNICKI, DONNA**
STREET ADDRESS **7211 BROWN FOX RUN**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **S** ☐ Delete
NAME **MCCAIN, NEA**
STREET ADDRESS **4709 LOG CABIN**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **MORONEY, KAREN**
STREET ADDRESS **4240 Vinson Rd**
CITY-ST-ZIP **Lakeland FL 33810**

TITLE **PD** ☐ Change ☐ Addition
NAME **SAME NAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☒ Addition
NAME **MACKLEY, KATHLEEN**
STREET ADDRESS **1717 Gib-Galloway Rd.**
CITY-ST-ZIP **Lakeland, FL 33810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen A. Mackley **Kathleen A. Mackley** **2-19-03** **863-858-2115**

CR2E037 (10/02)