2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

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Entity Name: PINES PANTHERS BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

200 NW DOUGLAS RD
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

400 NW 107TH AVE.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-1037240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOPOLOVITS, ROBERTA L
400 NW 107TH AVE.
PEMBROKE PINES, FL 33026 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: P/T ( ) Delete
Name: KOPOLOVITS, ROBERTA L
Address: 400 NW 107TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Delete
Name: CARRE, PAMELA
Address: 1951 NW 84TH TER
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: CASELLAS, DEBORAH
Address: 8251 NW 16TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: LIGHT, ERNEST
Address: 8501 NW 11TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete
Name: LIGHT, SADIE
Address: 8501 NW 11TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete
Name: ACOSTA, MONIQUE
Address: 395 NW 103RD TER
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V/D (X) Change ( ) Addition
Name: LIGHT, SADIE
Address: 8501 NW 11TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Change ( ) Addition
Name: ROMANO, JOHN
Address: 8421 NW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Change ( ) Addition
Name: ACOSTA, MONIQUE
Address: 395 NW 103RD TER
City-St-Zip: PEMBROKE PINES, FL 33026

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: ROBERTA L. KOPOLOVITS PRES 04/26/2008

Electronic Signature of Signing Officer or Director — Date