2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005457

FILED Apr 13, 2009 Secretary of State

Entity Name: PINES PANTHERS BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 200 NW DOUGLAS RD PEMBROKE PINES, FL 33024 **Current Mailing Address: New Mailing Address:** 400 NW 107TH AVE PEMBROKE PINES, FL 33026 FEI Number: 65-1037240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOPOLOVITS, ROBERTA L 400 NW 107TH AVE PEMBROKE PINES, FL 33026 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KOPOLOVITS, ROBERTA L Name: Name: 400 NW 107TH AVE. Address: Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Title: V/D Title: V/D (X) Change () Addition () Delete Name: LIGHT, SADIE Name: FLORES, LINDA Address: 8501 NW 11TH ST Address: 8631 NW 23RD ST City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33024 Title: () Delete Title: (X) Change () Addition ROMANO, JOHN ORDONEZ, DAWN Name: Name: 8421 NW 12TH ST Address: Address: 617 NW 108TH TER City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33026 Title: (X) Delete Title: () Change () Addition Name: ACOSTA, MONIQUE Name: Address: 395 NW 103RD TER Address: City-St-Zip: PEMBROKE PINES, FL 33026 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: LINDA FLORES V/D 04/13/2009