

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001048

FILED  
Jun 01, 2009  
Secretary of State

**Entity Name:** SILVER TRAIL MIDDLE SCHOOL BAND PARENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SILVER TRAIL MIDDLE SCHOOL BAND DIR.  
18300 SHERIDAN STREET  
PEMBROKE PINES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SILVER TRAIL MIDDLE SCHOOL BAND DIR.  
18300 SHERIDAN STREET  
PEMBROKE PINES, FL 33331

**New Mailing Address:**

**FEI Number:** 26-2725784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

KAYE, ROBERT ESQ.  
KAYE & ROGER, P.A  
6261 NW 6TH WAY SUITE 103  
FORT LAUDERDALE, FL 33309 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:**

Title: PD ( ) Delete  
Name: PEREZ, ROSA  
Address: 2330 NW 189TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD ( ) Delete  
Name: DOMINGUES, IVETTE  
Address: 20070 NW 2 ST.  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete  
Name: NIEVES, MARIBEL  
Address: 971 NW 185TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: CSD ( ) Delete  
Name: GEARHART, PATSY  
Address: 18440 NW 18 ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD ( ) Delete  
Name: TURNER, SANDRA  
Address: 6620 FALCONSGATE AVE  
City-St-Zip: DAVIE, FL 33331

Title: VPD ( ) Delete  
Name: VARGAS, DORIS  
Address: 1572 NW 167 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

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

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

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

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: MARIBEL S. NIEVES

TD

06/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date