2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004452

Entity Name: FLORIDA STEELBAND ASSOCIATION, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
18812 SW 113 AVENU MIAMI, FL 33157	JE			
Current Mailing Address:		New Maili	New Mailing Address:	
18812 SW 113 AVENU MIAMI, FL 33157	JE			
FEI Number:	FEI Number Applied For ()	FEI Number Not Appl	licable (X) Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:	
KERNAHAN, MYRNA 18812 SW 113 AVENU MIAMI, FL 33157	JE			
The above named enti in the State of Florida.	ty submits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATURE:				
Elect	ronic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition MASCAL, GEORGE 337 RIUNITE CIR. WINTER SPRINGS, FL 32708	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition POUCHET, JUNIONR 8033 LAUREL TREE DR. ORLANDO, FL 32819	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition BATSON, DAWN DR. 8611 NW 29TH ST SUNRISE, FL 33322	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition KERNAHAN, MICHAEL G 18812 SW 113 AVE MIAMI, FL 33157	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SHAW, CARLYLE 125 NORTH WEST 193 RD CT. MIAMI, FL 33169	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition BATSON-GEORGE, ARLENE 28165 SW 104TH CT./#206 MIAMI, FL 33190	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL GERALD KERNAHAN D 04/29/2002