

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008342

FILED
Jan 04, 2008
Secretary of State

Entity Name: NORTH BROWARD PREPARATORY SCHOOL MUSIC BOOSTER, INC.

Current Principal Place of Business:

7600 LYONS ROAD
COCONUT CREEK, FL 33076

New Principal Place of Business:

7600 LYONS ROAD
COCONUT CREEK, FL 33073

Current Mailing Address:

7600 LYONS ROAD
COCONUT CREEK, FL 33076

New Mailing Address:

7600 LYONS ROAD
COCONUT CREEK, FL 33073

FEI Number: 80-0006026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROST, LORI
C/O 7600 LYONS ROAD
COCONUT CREEK, FL 33076 US

Name and Address of New Registered Agent:

LENSON, ANNMARIE
C/O 7600 LYONS ROAD
COCONUT CREEK, FL 33076 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: ANNMARIE LENSON

01/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERLMAN, SUSIE
Address: 10414 SW 26 ST
City-St-Zip: DAVIE, FL 33324

Title: O () Delete
Name: FROST, LORI
Address: 8441 N.W. 53 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: O () Delete
Name: LENSON, ANNMARIE
Address: 1340 S.W. 17 ST
City-St-Zip: BOCA RATON, FL 33486

Title: O (X) Delete
Name: CAMILLERI, DEBRALYN
Address: 17592 MIDDLE LAKE DR
City-St-Zip: BOCA RATON, FL 33436

Title: O (X) Delete
Name: TOMPKINS, LINDA
Address: 7619 ESTRELLA CIRCLE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: LENSON, ANNMARIE
Address: 1340 S.W. 17 ST
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change () Addition
Name: FROST, LORI
Address: 8441 N.W. 53 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: O (X) Change () Addition
Name: CAMILLERI, DEBRALYN
Address: 17592 MIDDLE LAKE DR
City-St-Zip: BOCA RATON, FL 33436

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: ANNMARIE LENSON

O

01/04/2008

Electronic Signature of Signing Officer or Director

Date