

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005809

FILED
May 14, 2004
Secretary of State**Entity Name:** SPARTAN BAND PARENTS ASSOCIATION, INC.**Current Principal Place of Business:**9280 CARIBBEAN BLVD
MIAMI, FL 33157**New Principal Place of Business:****Current Mailing Address:**9280 CARIBBEAN BLVD
MIAMI, FL 33157**New Mailing Address:****FEI Number:** 65-1140833**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CALLOHAN, MICHAEL P
9280 CARIBBEAN BLVD
MIAMI, FL 33157 US**Name and Address of New Registered Agent:**CALLAHAN, MICHAEL P
9280 CARIBBEAN BLVD
MIAMI, FL 33157 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: MICHAEL P. CALLAHAN

05/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALLAHAN, MICHAEL P
Address: 9280 CARIBBEAN BLVD
City-St-Zip: MIAMI, FL 33157

Title: VPD () Delete
Name: HAYDEN, NANCY
Address: 9830 MARINIQUE DR
City-St-Zip: MIAMI, FL 33189

Title: DS () Delete
Name: BOBER, AMBER
Address: 9231 SW 192 DR
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: LAVERGNE, WILDA
Address: 10200 SW 215 ST
City-St-Zip: MIAMI, FL 33189

Title: DT () Delete
Name: SPRINGER, WENDY
Address: 1740 NW 3RD #107
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: HONORE-BURGIS, MICHELLE
Address: 20530 MANTA DR
City-St-Zip: MIAMI, FL 33189

Title: DS (X) Change () Addition
Name: BOGER, AMBER
Address: 9231 SW 192 DR
City-St-Zip: MIAMI, FL 33157

Title: DS (X) Change () Addition
Name: GRIFFITH, FRANCELLI
Address: 12249 SW 195 TERR
City-St-Zip: MIAMI, FL 33177

Title: DT (X) Change () Addition
Name: SPRINGER, WENDY
Address: 1740 NW 3RD #107 TERR
City-St-Zip: FLORIDA CITY, FL 33034

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 P. CALLAHAN

DP

05/14/2004

Electronic Signature of Signing Officer or Director

Date