

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005809

FILED
May 09, 2006
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:

11531 SW 201 ST
MIAMI, FL 33189

Current Mailing Address:

9280 CARIBBEAN BLVD
MIAMI, FL 33157

New Mailing Address:

11531 SW 201 ST
MIAMI, FL 33189

FEI Number: 65-1140833 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:

CALLAHAN, MICHAEL P
9280 CARIBBEAN BLVD
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: CALLAHAN, MICHAEL P
Address: 9280 CARIBBEAN BLVD
City-St-Zip: MIAMI, FL 33157

Title: VPD () Delete
Name: ALAMEDA, RUBY
Address: 19355 SW 114TH AVE
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: BIRD, VANESSA
Address: 19335 SW 114TH AVE
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: ZUCKERMAN, VANNA
Address: 19355 SW 114TH AVE
City-St-Zip: MIAMI, FL 33157

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALAMEDA, RUBY
Address: 11531 SW 201 ST
City-St-Zip: MIAMI, FL 33189

Title: VPD (X) Change () Addition
Name: LIGEIKIS, MARGARET
Address: 18510 SW 92 PL
City-St-Zip: MIAMI, FL 33157

Title: DS (X) Change () Addition
Name: LYKES, STACY
Address: 12103 SW 215 ST
City-St-Zip: MIAMI, FL 33157

Title: DT (X) Change () Addition
Name: BURGESS, DRUCILLA
Address: 17850 SW 184 ST
City-St-Zip: MIAMI, FL 33157

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUBY ALAMEDA

DP

05/09/2006

Electronic Signature of Signing Officer or Director

Date