

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005809

FILED
May 14, 2008
Secretary of State

Entity Name: SPARTAN BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

12103 SW 215TH ST #1
MIAMI, FL 33177

New Principal Place of Business:

9280 CARIBBEAN BLVD
MIAMI, FL 33157

Current Mailing Address:

12103 SW 215TH ST #1
MIAMI, FL 33177

New Mailing Address:

PO BOX 97-2028
MIAMI, FL 33197

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: DP () Delete
Name: LYKES, STACY
Address: 12103 SW 215TH ST #1
City-St-Zip: MIAMI, FL 33177

Title: DVP () Delete
Name: MCCLENNEN, MICHAEL
Address: 9050 RIDGELAND DR.
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: MASON, MIKE
Address: 9971 MARTINIQUE DR.
City-St-Zip: MIAMI, FL 33157

Title: DT () Delete
Name: TAYLOR, DARLENE
Address: 20000 SW 111TH AVE.
City-St-Zip: MIAMI, FL 33189

Title: EO (X) Delete
Name: LANDY, KAMI
Address: 9050 RIDGELAND DR.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BACON, CLAIRE
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: DVP (X) Change () Addition
Name: BRUCE, JEMMINE
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: DT (X) Change () Addition
Name: CALLAHAN, MICHAEL P
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: DEO (X) Change () Addition
Name: PERRY, MARIA
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

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: MICHAEL P. CALLAHAN

DT

05/14/2008

Electronic Signature of Signing Officer or Director

_____ Date