


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007027 1. Entity Name TRAFALGAR MIDDLE SCHOOL BAND PARENTS ASSOCIATION, INC.	
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Principal Place of Business 2120 TRAFALGAR PARKWAY CAPE CORAL, FL 33991	Mailing Address 2120 TRAFALGAR PARKWAY CAPE CORAL, FL 33991
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
32-0036517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLS, SUE
2555 SW 27TH STREET
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, SUE 2555 SW 27TH ST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'BRIEN, ERIN 1432 SE 19TH STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUMINIAC, TRACY 2607 SW 1ST TERRACE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMOTT, KERRY 4129 SW 5TH PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUDWIG, CHRISTINE 1012 SW 37TH TERRACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000139328
04/29/04-80116-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy Guminia 4/26/04 (239) 573-307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR