

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007027

FILED
Jul 28, 2005
Secretary of State

Entity Name: TRAFALGAR MIDDLE SCHOOL BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

2120 TRAFALGAR PARKWAY
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

2120 TRAFALGAR PARKWAY
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 32-0036517 **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:

MILLS, SUE
2555 SW 27TH STREET
CAPE CORAL, FL 33914 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: D () Delete
Name: MILLS, SUE
Address: 2555 SW 27TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: O'BRIEN, ERIN
Address: 1432 SE 19TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: GUMINIAK, TRACY
Address: 2607 SW 1ST TERRACE
City-St-Zip: CAPE CORAL, FL 33991

Title: PD () Delete
Name: DEMOTT, KERRY
Address: 4129 SW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: S (X) Delete
Name: LUDWIG, CHRISTINE
Address: 1012 SW 37TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: VITALE, CHERYL
Address: 3205 SE 10TH ST
City-St-Zip: CAPE CORAL, FL 33904

Title: VD (X) Change () Addition
Name: PARRISH, JUDY
Address: 1237 SE 21ST AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: T (X) Change () Addition
Name: SHINER, KRISTIN
Address: 845 SW 37TH LN
City-St-Zip: CAPE CORAL, FL 33914

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 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: SUE MILLS

D

07/28/2005

Electronic Signature of Signing Officer or Director

Date