

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007027

FILED  
Feb 21, 2007  
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:**

SMITH, LYNN J  
845 SW 37TH LANE  
CAPE CORAL, FL 33914      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: LYNN J SMITH

02/21/2007

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

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

Title: T      ( ) Delete  
Name: SHINER, KRISTIN  
Address: 845 SW 37TH LN  
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: FLORIO, ELAINE  
Address: 1415 NW 33RD AVE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP      (X) Change ( ) Addition  
Name: O'CONNELL, CINDY  
Address: 5132 MANOR CT  
City-St-Zip: CAPE CORAL, FL 33904

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

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: KRISTIN SHINER

T/S

02/21/2007

Electronic Signature of Signing Officer or Director

Date