

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 07, 2005
Secretary of State

DOCUMENT# N02000007424

Entity Name: PIPER HIGH SCHOOL BAND PARENTS ASSOCIATION, INC.**Current Principal Place of Business:**8000 NW 44TH ST
SUNRISE, FL 33351**New Principal Place of Business:****Current Mailing Address:**8000 NW 44TH ST
SUNRISE, FL 33351**New Mailing Address:****FEI Number:** 43-1995043**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRADFORD, RICHARD
PIPER HIGH SCHOOL BAND PARENTS ASSN, INC
8000 NW 44TH STREET
SUNRISE, FL 33351 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: P () Delete
Name: KAY, ELIZABETH
Address: 117 NW TH PLACE
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: GERWITZ, SUSAN
Address: 11911 NW 29TH PLACE
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: RUBENSTEIN, DIANE
Address: 9214 NW 48TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP1 (X) Change () Addition
Name: GORWITZ, SUSAN
Address: 11911 NW 29TH PLACE
City-St-Zip: SUNRISE, FL 33323

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

Title: VP2 () Change (X) Addition
Name: LARKIN-TAYLOR, JILL
Address: 8041 NW 47 CT
City-St-Zip: LAUDERHILL, FL 33351

Title: T () Change (X) Addition
Name: WELLS, ALISON J
Address: 4348 NW 120 LANE
City-St-Zip: SUNRISE, FL 33323

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: ALISON J WELLS

T

06/07/2005

Electronic Signature of Signing Officer or Director

Date