

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007424

FILED
Apr 01, 2009
Secretary of State

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:

WELLS-SELBIG, ALISON TREASUR
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: ANGELONE, KRISTINA
Address: 4340 NW 94 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: EVANS, JANICE
Address: 2120 NW 91 WAY
City-St-Zip: SUNRISE, FL 33351

Title: VP1 () Delete
Name: MONTIEL, LORI
Address: 8461 SPRINGTREE DRIVE
City-St-Zip: SUNRISE, FL 33351

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: CUMINALE, APRIL
Address: 11110 NW 21 STREET
City-St-Zip: SUNRISE, FL 33322

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

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: ALISON WELLS-SELBIG

TREA

04/01/2009

Electronic Signature of Signing Officer or Director

Date