2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006
Secretary of State

DOCUMENT# N02000009958

Entity Name: EAST RIDGE HIGH SCHOOL BAND PARENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O EAST RIDGE HIGH SCHOOL
13322 EXCALIBUR RD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

C/O EAST RIDGE HIGH SCHOOL
13322 EXCALIBUR RD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 48-1291628 **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:

MICKEL, RONALD W
16017 HARBOR OAKS DR.
BOX 560002
MONTVERDE, FL 34756 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:	DP	( ) Delete
Name:	MICKEL, RONALD W	
Address:	16017 HARBAR OAKS DR.	
City-St-Zip:	MONTVERDE, FL 34756	
Title:	DV	( ) Delete
Name:	KIMBRO, JODI	
Address:	13322 EXCALIBUR RD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	DS	( ) Delete
Name:	LOGAN, MARY	
Address:	13322 EXCALIBUR RD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	DT	( ) Delete
Name:	PORTER, BARBARA J	
Address:	3776 FALLSCREST CIRCLE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	DS	( ) Delete
Name:	NELSON, MARIE	
Address:	14744 YELLOW PINE LANE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	DS	( ) Delete
Name:	TILLMAN, PATRICIA	
Address:	1016 W. LAKE SHORE DR.	
City-St-Zip:	CLERMONT, FL 34711	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: RONALD W. MICKEL DP 06/27/2006

Electronic Signature of Signing Officer or Director — Date