

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009958

FILED
Mar 06, 2007
Secretary of State

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 ()

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:

KIMBRO, JODI
4072 GREYSTONE DRIVE
CLERMONT, FL 34711 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: JODI KIMBRO

03/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MICKEL, RONALD W
Address: 16017 HARBOR 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 (X) Delete
Name: TILLMAN, PATRICIA
Address: 1016 W. LAKE SHORE DR.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KIMBRO, JODI
Address: 4072 GREYSTONE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: DV (X) Change () Addition
Name: LOGAN, MARY
Address: 13322 EXCALIBUR RD
City-St-Zip: CLERMONT, FL 34711

Title: DS (X) Change () Addition
Name: LEE, CRYSTAL
Address: 13322 EXCALIBUR RD
City-St-Zip: CLERMONT, FL 34711

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

Title: DS (X) Change () Addition
Name: BUKUNUS, ROBIN
Address: 14251 PINE CONE TRAIL
City-St-Zip: CLERMONT, FL 34711

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: JODI KIMBRO

DP

03/06/2007

Electronic Signature of Signing Officer or Director

Date