


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90285 030 ****61.25

DOCUMENT # N03000005873 1. Entity Name MONARCH HIGH SCHOOL BAND PARENTS ORGANIZATION, INC.		 DEPARTMENT OF STATE	
Principal Place of Business 5050 WILES ROD COCONUT CREEK, FL 33073		Mailing Address 5050 WILES ROD COCONUT CREEK, FL 33073	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4930 N.W. 53 Avenue Suite, Apt. #, etc.	
City & State Coconut Creek, FL		4. FEI Number 20-0087923	
Zip 33073		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRUMLEY, FABIOLA 3967 N.W. 1ST PLACE DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Fabiola Brumley Street Address (P.O. Box Number is Not Acceptable) 4930 N.W. 53 Avenue City Coconut Creek FL Zip Code 33073	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Fabiola Brumley</i></u> , Fabiola Brumley 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SUTTON, DEBBIE 3266 D.C. LAKESHORE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PFAFF, BECKY 5530 LYONS ROAD #207 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHBURN, ANTHIE 6800 N.W. 39TH AVE. #205 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-T BRUMLEY, FABIOLA 3967 N.W. 1ST PLACE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-T Brumley, Fabiola 4930 NW 53 Avenue Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-T LIGHTBOURN, SHARON 7310 N.W. 44TH LANE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Fabiola Brumley</i></u> , Fabiola Brumley 4-20-04 954-415-3520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			