

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005873

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** MONARCH HIGH SCHOOL BAND PARENTS ORGANIZATION, INC.

**Current Principal Place of Business:**

5050 WILES ROAD  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

2465 SW 13TH STREET  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 20-0087923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, CRISTINA  
2465 SW 13TH STREET  
DEERFIELD BEACH, FL 33442 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: PS ( ) Delete  
Name: MOAK, DENISE  
Address: 3610 NW 59 STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD ( ) Delete  
Name: VOSS, SHELDON  
Address: 4530 BANYAN TRAIL DRIVE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD ( ) Delete  
Name: PINZON, MARYELLEN  
Address: 648 SAND PINE LANE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: COT ( ) Delete  
Name: GRAY, CRISTINA  
Address: 2465 SW 13TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CO-T ( ) Delete  
Name: LEWERS, MAXINE  
Address: 4840 NW 55TH DRIVE  
City-St-Zip: COCONUT CREEK, FL 33073

**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:

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: CRISTINA GRAY

COT

01/08/2008

Electronic Signature of Signing Officer or Director

Date