

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006034

FILED
Mar 15, 2005
Secretary of State

Entity Name: EVERGLADES GATORS BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

17100 SW 48TH COURT
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

2054 SW 176TH TERRACE
MIRAMAR, FL 33029

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLESKY, DANIEL
2054 SW 176TH TERRACE
MIRAMAR, FL 33029 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: ALVAREZ, VALENTIN
Address: 253 SW 161ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DVP () Delete
Name: WILLIAMS, ALVILDIA
Address: 1020 NW 192ND AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DVP () Delete
Name: ALVAREZ, CELIA
Address: 253 SW 161ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DT () Delete
Name: MCCLESKY, DANIEL
Address: 2054 SW 176TH TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: DVP () Delete
Name: MCCLESKY, DARLENE
Address: 2054 SW 176TH TERRACE
City-St-Zip: MIRAMAR, FL 33029

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 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 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: DANIEL MCCLESKY

DT

03/15/2005

Electronic Signature of Signing Officer or Director

Date