

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006034

FILED
Feb 21, 2007
Secretary of State

Entity Name: EVERGLADES GATORS BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

17100 SW 48TH COURT
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

16710 NW 9TH STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 56-2375091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, EDWARD
16710 NW 9TH STREET
PEMBROKE PINES, FL 33028 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: LARREA, JOSE LUIS
Address: 2369 NW 184TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DT () Delete
Name: MURPHY, EDWARD
Address: 16710 NW 9TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: DS () Delete
Name: COTTER, ELISE
Address: 18411 NW 18TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MURPHY, EDWARD
Address: 16710 NW 9TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: DT (X) Change () Addition
Name: COHEN, LAURA
Address: 152 SW 164 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: DS (X) Change () Addition
Name: PRIETO, ROSY
Address: 1941 NW 188 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: EDWARD MURPHY

DP

02/21/2007

Electronic Signature of Signing Officer or Director

Date