

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006034

FILED
Apr 15, 2009
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:

17100 SW 48TH COURT
MIRAMAR, FL 33027 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:

SAMUELS, RORY
17827 NW 16 ST
PEMBROKE PINES, FL 33029 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: RORY SAMUELS

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DT () Delete
Name: SAMUELS, RORY
Address: 17827 NW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DS () Delete
Name: GONZALEZ, MAUREEN
Address: 4938 SW 165 AVE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: DVP () Delete
Name: LARREA, JOSE
Address: 2369 NW 184 TER
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SAMUELS, RORY
Address: 17827 NW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

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

Title: DS (X) Change () Addition
Name: WETZEL, CINDY
Address: 17464 SW 22ND ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DVP (X) Change () Addition
Name: MERSINGER, ALANNA
Address: 2263 SW 182ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: RORY SAMUELS

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date