2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 09, 2009
Secretary of State

DOCUMENT# N03000010364

Entity Name: POMPANO BEACH HIGH SCHOOL MUSIC PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

600 NE 13 AVENUE
MUSIC DEPARTMENT
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

600 NE 13TH AVENUE
MUSIC DEPARTMENT
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-1062502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, DAVID
600 NE 13 AVENUE
MUSIC DEPARTMENT
POMPANO BEACH, FL 33060 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: D ( ) Delete
Name: CLARK, KRISTEN
Address: 600 N.E. 13 AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: P ( ) Delete
Name: MCCARTY, MARIE
Address: 600 NE 13 AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP ( ) Delete
Name: ARAGON, HOLLY
Address: 600 NE 13 AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: S ( ) Delete
Name: THORMAN, HIEDE
Address: 600 NE 13 AVE
City-St-Zip: POMPANO BEACH, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: BARTOLOTTA, LINDA
Address: 600 NE 13 AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD (X) Change ( ) Addition
Name: CARDONA, ALFREDO
Address: 600 NE 13 AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD (X) Change ( ) Addition
Name: GALLAGHER, PATTY
Address: 600 NE 13 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Change (X) Addition
Name: DOWD, ANGELA
Address: 600 NE 13 AVE
City-St-Zip: POMPANO BEACH, FL 33060

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: ANGELA DOWD TD 06/09/2009
Electronic Signature of Signing Officer or Director — Date