2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N04000002078

Entity Name: LYONS CREEK MIDDLE SCHOOL BAND PARENTS ORGANIZATION. INC.

Current Principal Place of Business:

4333 SOL PRESS BLVD
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4333 SOL PRESS BLVD
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 52-2415917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMMOND, JAMES
4946 N.W. 50TH ST.
COCONUT CREEK, FL 33073 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: P ( ) Delete
Name: GREGORY, TAMARA
Address: 5032 N.W. 45TH AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: T ( ) Delete
Name: PATTERSON, CRISTY
Address: 6361 N.W. 42ND AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP ( ) Delete
Name: CARDONA, JENNY
Address: 2153 N.W. 45TH AVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: S ( ) Delete
Name: DODGE, KARINA
Address: 2940 S. CARAMBOLA CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete
Name: HAMMOND, JAMES
Address: 4946 N.W. 50TH ST.
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GREGORY, TAMERA
Address: 5032 N.W. 45TH AVE
City-St-Zip: COCONUT CREEK, FL 33073

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: TAMERA GREGORY P 02/19/2009

Electronic Signature of Signing Officer or Director — Date