

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002078

FILED
Apr 02, 2012
Secretary of State

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 ()

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
Name: GREGORY, TAMERA
Address: 5032 N.W. 45TH AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: T
Name: SPILLER, AUDREY
Address: 6414 MALLARDS LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP
Name: FOWNER, CHRIS
Address: 744 NW 42ND WAY
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S
Name: SALAZAR, RACHEL
Address: 4180 NW 62ND CT
City-St-Zip: COCONUT CREEK, FL 33073

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

I hereby 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 all other like empowered.

SIGNATURE: TAMERA GREGORY

P

04/02/2012

Electronic Signature of Signing Officer or Director

Date