

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001325

FILED
May 06, 2009
Secretary of State

Entity Name: OAKLAND PARK AMERICAN LEGION SYMPHONIC BAND, INC.

Current Principal Place of Business:

171 SW 2ND STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

171 SW 2ND ST.
POMPANO BEACH, FL 33060

Current Mailing Address:

171 SW 2ND STREET
POMPANO BEACH, FL 33060

New Mailing Address:

6552 BAYFRONT DR.
MARGATE, FL 33063

FEI Number: 05-0612558 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, TRACEY
6552 BAYFRONT DR.
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

ALDERSON, TRACEY
6552 BAYFRONT DR.
MARGATE, FL 33063 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: TRACEY ALDERSON

05/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TENNEY, ARTHUR
Address: 5265 N.E. 4TH TERRACE
City-St-Zip: FT LAUDERDALE, FL

Title: VP () Delete
Name: COGAN, MARVIN
Address: 3507 OAKS WAY #409
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: CAMPBELL, TRACEY
Address: 6552 BAYFRONT DRIVE
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: PINERA, CARLOS
Address: 7433 SILVERWOOD CT
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SNYDER, MARLENE
Address: 6592 NW 56TH DR.
City-St-Zip: CORAL SPRINGS, FL 33311

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

Title: S (X) Change () Addition
Name: ALDERSON, TRACEY
Address: 6552 BAYFRONT DRIVE
City-St-Zip: MARGATE, FL 33063

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: TRACEY ALDERSON

S

05/06/2009

Electronic Signature of Signing Officer or Director

Date