2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000005829

Entity Name: LYMAN HIGH SCHOOL BAND ASSOCIATION, INC.

Current Principal Place of Business:

865 S RONALD REAGAN BLVD.
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

865 S RONALD REAGAN BLVD.
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 72-1617700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCHFORD, VICKY
510 BIANCA CT
ALTAMONTE SPRINGS, FL 32701 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:	DVP	( ) Delete
Name:	FULLER, KAREN	
Address:	420 TIMBER RIDGE DR.	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	DP	( ) Delete
Name:	ROCHFORD, VICKY	
Address:	510 BIANCA CT.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	DS	( ) Delete
Name:	MARTINEZ, MIRTHA	
Address:	660 SWEETBRIAR BRANCH	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	TD	( ) Delete
Name:	MARCONI, SILVIA	
Address:	643 ARBUKLE CT.	
City-St-Zip:	WINTER SPRINGS, FL 32708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	TD	(X) Change ( ) Addition
Name:	SMITH, LISA	
Address:	106 W HILLCREST ST	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

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: VICKY ROCHFORD DP 04/30/2008

Electronic Signature of Signing Officer or Director — Date