

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006052

FILED
Apr 30, 2007
Secretary of State

Entity Name: TERRY PARKER BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

7301 PARKER SCHOOL ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

7301 PARKER SCHOOL ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-3684303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, CHERYLE M
7067 GAILLARDIA ROAD SOUTH
JACKSONVILLE, FL 322114181 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: DT () Delete
Name: LEWIS, CHERYLE
Address: 7067 GAILLARDIA ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: DP () Delete
Name: GAUS, KEVIN F
Address: 3957 KAUDEN DRIVE E
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: BECK, JIM
Address: 3966 HEATH ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS () Delete
Name: YEARWOOD, ANN
Address: 3308 SARA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: DV () Delete
Name: BURDEN, BETH
Address: 8257 SAN LANDO AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: DV () Delete
Name: GRANT, DENISE
Address: 3258 ACE COURT
City-St-Zip: JACKSONVILLE, FL 32277

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: DS (X) Change () Addition
Name: HOWELL, PATTI
Address: 7240 ADELE COURT
City-St-Zip: JACKSONVILLE, FL 32277

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

Title: DV (X) Change () Addition
Name: MCCLAIN, LISA
Address: 8230-1606 DAMES POINT CROSSING
City-St-Zip: JACKSONVILLE, FL 32277

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: CHERYLE M. LEWIS

TREA

04/30/2007

Electronic Signature of Signing Officer or Director

Date