


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90014 019 ****70.00

DOCUMENT # N06000006052 1. Entity Name TERRY PARKER BAND PARENTS ASSOCIATION, INC.																																																																																																					
Principal Place of Business 7301 PARKER SCHOOL ROAD JACKSONVILLE, FL 32211			Mailing Address 7301 PARKER SCHOOL ROAD JACKSONVILLE, FL 32211																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																			
City & State		City & State																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 20-3684303																																																																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent LEWIS, CHERYLE M 7067 GAILLARDIA ROAD SOUTH JACKSONVILLE, FL 32211-4181																																																																																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																					
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																	
Make check payable to Florida Department of State																																																																																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																					
SIGNATURE: <u>Cheryle M Lewis</u> 3-16-2008 904-743-9263 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					