

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006318

FILED
Sep 03, 2008
Secretary of State

Entity Name: PRIDE OF THE WILDCATS BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

214 SW 159 WAY
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

PO BOX
551984
FT. LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 20-5041525 **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:

DIAZ, CATHERINE L
214 SW 159 WAY
SUNRISE, FL 33326 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: PRE () Delete
Name: PARENTE, CARMINE
Address: 1131 NW 118TH AVE
City-St-Zip: PLANTATION, FL 33323

Title: VP () Delete
Name: REYNOLDS, KEVIN
Address: 9320 NW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33324

Title: TREA () Delete
Name: DIAZ, CATHERINE L
Address: 214 SW 159 WAY
City-St-Zip: SUNRISE, FL 33326

Title: SEC () Delete
Name: KORN, LORI
Address: 15865 WEST WIND
City-St-Zip: SUNRISE, FL 33326

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: () 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: CARMINE PARENTE

PRES

09/03/2008

Electronic Signature of Signing Officer or Director

Date