

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008275

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** LANCER BAND PARENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

4701 10TH AVENUE NORTH  
GREENACRES, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

5670 NW 74TH PLACE  
APT. #201  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

**FEI Number:** 26-0764451      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOSELYN, MILTON A  
5670 NW 74TH PLACE  
APT. #201  
COCONUT CREEK, FL 33073 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: P ( ) Delete  
Name: LANCASTER, SUSAN  
Address: 325 CAVALLIER ROAD  
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: VP ( ) Delete  
Name: ALFEO, SANDRA  
Address: 245 HENTHORNE DRIVE  
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: D ( ) Delete  
Name: SNYDER, TERRI  
Address: 1369 VICTORIA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: T ( ) Delete  
Name: BUCHANAN, KAREN  
Address: 313 MID PINE ROAD  
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: D ( ) Delete  
Name: JOSELYN, MILTON A  
Address: 5670 NW 74TH PLACE #201  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D ( ) Delete  
Name: BOCK, DEBBIE  
Address: 4196 KIVEY DRIVE  
City-St-Zip: LAKE WORTH, FL 33461 US

**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:

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: MILTON A JOSELYN

MR.

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date