

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005799

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** WEST BROWARD HIGH SCHOOL BAND PARENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 NW 209TH AVENUE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

8181 W. BROWARD BOULEVARD  
SUITE 300  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 28-2831716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALMER, DEAN  
500 NW 209TH AVENUE  
PEMBROKE PINES, FL 33029 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: MARKCITY, CHERI Y  
Address: 5159 WATERS EDGE WAY  
City-St-Zip: COOPER CITY, FL 33330

Title: VP ( ) Delete  
Name: SAMUELS, SUSAN  
Address: 17827 NW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SEC ( ) Delete  
Name: SMITH, LARA  
Address: 7151 NW 49TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

Title: TRES ( ) Delete  
Name: TRAVIESO, LOURDES  
Address: 14801 TETHERCLIFF STREET  
City-St-Zip: DAVIE, FL 33331

**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: CHERI Y. MARKCITY

PRES

04/29/2009

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

\_\_\_\_\_  
Date