2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14449

FILED May 01, 2007 Secretary of State

Entity Name: DENISON BAND PARENTS ASSOCIATION, INC.

urrent P	Principal Place of Business:	New Principal Place of Business:
	IUE A, S.E. HAVEN, FL 33880	
urrent M	Mailing Address:	New Mailing Address:
	IUE A, S.E. HAVEN, FL 33880	
El Number accordan	r: FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation d	FEI Number Not Applicable (X) Certificate of Status Desired () d not receive the prior notice.
ame and	d Address of Current Registered Agent	: Name and Address of New Registered Agent:
043 CAM	, BRYAN A IBRY LN. D, FL 33805 US	
	e named entity submits this statement for t e of Florida.	ne purpose of changing its registered office or registered agent, or bo
the State	e of Florida.	ne purpose of changing its registered office or registered agent, or bo
the State	e of Florida.	
the State	e of Florida. ÉRE:	
the State GNATUR FFICER: le: ume: dress:	e of Florida. RE: Electronic Signature of Registered	Agent Date
the State	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete HILEMAN, BETH 400 AVE A. SE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:
the State GNATUI FFICER: le: ime: dress: :y-St-Zip: le: ime: dress:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete HILEMAN, BETH 400 AVE A. SE WINTER HAVEN, FL 33880 VD () Delete SMITH, AMY 3800 GAINES DRIVE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: BRYAN O'STEEN BD 05/01/2007