

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14449

FILED
Jul 16, 2008
Secretary of State

Entity Name: DENISON BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

400 AVENUE A, S.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

400 AVENUE A, S.E.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

O'STEEN, BRYAN A
5043 CAMBRY LN.
LAKELAND, FL 33805 US

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: PD () Delete
Name: HILEMAN, BETH
Address: 400 AVE A. SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: SMITH, AMY
Address: 3800 GAINES DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: ST () Delete
Name: WOODWARD, STACY
Address: 70 LAKE DAISY BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: BD () Delete
Name: BRYAN, O'STEEN
Address: 5043 CAMBRY LN
City-St-Zip: LAKELAND, FL 33805

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: BETH HILEMAN

PD

07/16/2008

Electronic Signature of Signing Officer or Director

Date