

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33938

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** PLANT CITY HIGH SCHOOL BAND PARENTS ASSOCIATION A FLORIDA NONPROFIT CORPORATION

**Current Principal Place of Business:**

1 RAIDER PLACE  
PLANT CITY, FL 33566

**New Principal Place of Business:**

1 RAIDER PLACE  
PLANT CITY, FL 33566 US

**Current Mailing Address:**

P.O BOX 1957  
PLANT CITY, FL 335641957 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CRAWFORD, BRIAN  
P.O. BOX 1957  
PLANT CITY, FL 33564 US

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

CRAWFORD, BRIAN L PRES  
P.O. BOX 1957  
PLANT CITY, FL 33564 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: BRIAN L. CRAWFORD

04/17/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: RODENMEY, DALE  
Address: P.O. BOX 1957  
City-St-Zip: PLANT CITY, FL 33564

Title: SECY ( ) Delete  
Name: KIFFNER, HEATHER  
Address: P.O. BOX 1957  
City-St-Zip: PLANT CITY, FL 33564

Title: VP ( ) Delete  
Name: NAPIER, MELLISSA  
Address: PO BOX 1957  
City-St-Zip: PLANT CITY, FL 33564

Title: TREA ( ) Delete  
Name: CASTAGNO, JOSEPH  
Address: P.O. BOX 1957  
City-St-Zip: PLANT CITY, FL 33564

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP#1 (X) Change ( ) Addition  
Name: KIFFNER, HEATHER  
Address: P.O. BOX 1957  
City-St-Zip: PLANT CITY, FL 33564 US

Title: VP#2 (X) Change ( ) Addition  
Name: RYMAN, CLARK  
Address: P.O. BOX 1957  
City-St-Zip: PLANT CITY, FL 33564 US

Title: SECY (X) Change ( ) Addition  
Name: RODENMEYER, CELIA  
Address: PO BOX 1957  
City-St-Zip: PLANT CITY, FL 33564 US

Title: TREA (X) Change ( ) Addition  
Name: COPE, KELLE  
Address: P.O. BOX 1957  
City-St-Zip: PLANT CITY, FL 33564 US

Title: VC#1 ( ) Change (X) Addition  
Name: MERCER, JANA  
Address: P.O. BOX 1957  
City-St-Zip: PLANT CITY, FL 33564 US

Title: VC#2 ( ) Change (X) Addition  
Name: CRAWFORD, SUN  
Address: P.O. BOX 1957  
City-St-Zip: PLANT CITY, FL 33564 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN L. CRAWFORD

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

Date