


Ref # N 33938

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 12, 2007 8:00 am
Secretary of State

04-30-2007 90853 037 ****61.25

DOCUMENT # N33938					
1. Entity Name PLANT CITY HIGH SCHOOL BAND PARENTS ASSOCIATION A FLORIDA NONPROFIT CORPORATION					
Principal Place of Business 1 RAIDER PLACE PLANT CITY, FL 33566 US			Mailing Address P.O. BOX 1957 PLANT CITY, FL 33564-1957 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAWFORD, BRIAN L PRES P.O. BOX 1957 PLANT CITY, FL 33564			Name <u>Heather Kiffner - President</u> Street Address (P.O. Box Number is Not Acceptable) <u>1 Raider Place</u> PLANT CITY, FL 33564 City <u>Plant City</u> FL Zip Code <u>33564</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>7/7/07</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007 <u>Paid</u>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP#1	<input checked="" type="checkbox"/> Delete	TITLE	VP 1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIFFNER, HEATHER	<u>moved to President</u>	NAME	Jana Mercer	
STREET ADDRESS	P.O. BOX 1957		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE	VP#2	<input checked="" type="checkbox"/> Delete	TITLE	VP2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYMAN, CLARK		NAME	Henry Carlson	
STREET ADDRESS	P.O. BOX 1957		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE	SECY	<input checked="" type="checkbox"/> Delete	TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODENMEYER, CELIA		NAME	Cathy Jordan	
STREET ADDRESS	PO BOX 1957		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPE, KELLE		NAME		
STREET ADDRESS	P.O. BOX 1957		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE	VC#1	<input checked="" type="checkbox"/> Delete	TITLE	VC #1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, JANA	<u>moved to V.P.</u>	NAME	Kerin Sellers	
STREET ADDRESS	P.O. BOX 1957		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
TITLE	VC#2	<input checked="" type="checkbox"/> Delete	TITLE	VC #2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, SUN		NAME	Aii Fortune	
STREET ADDRESS	P.O. BOX 1957		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>7/7/07</u> (863) 687-1783		