

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

<b>DOCUMENT # N33938</b>					
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> <del>PLANT CITY, FL 33564</del> 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 use 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 NAME STREET ADDRESS CITY-ST-ZIP	VP#1 KIFFNER, HEATHER P.O. BOX 1957 PLANT CITY, FL 33564 <input checked="" type="checkbox"/> Delete <i>moved to President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 1 Jana Mercer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP#2 RYMAN, CLARK P.O. BOX 1957 PLANT CITY, FL 33564 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2 Henry Carlson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY RODENMEYER, CELIA PO BOX 1957 PLANT CITY, FL 33564 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Cathy Jordan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA COPE, KELLE P.O. BOX 1957 PLANT CITY, FL 33564 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC#1 MERCER, JANA P.O. BOX 1957 PLANT CITY, FL 33564 <input checked="" type="checkbox"/> Delete <i>moved to V.P.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC #1 Kevin Sellers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC#2 CRAWFORD, SUN P.O. BOX 1957 PLANT CITY, FL 33564 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC #2 Aii Fortune <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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) 689-1783

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04182007 Chg-NP CR2E037 (12/08)