2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90244 019 ****61.25

DOCUMENT # N33938

1. Entity Name

PLANT CITY HIGH SCHOOL BAND PARENTS ASSOCIATION A FLORIDA NONPROFIT CORPORATION

Principal Place of Business	Mailing Address
1 RAIDER PLACE PLANT CITY FL 33566 US	P.O BOX 1957 PLANT CITY FL 33564-1957 US

1st MOORE CR2E037 (10/07)

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 NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIFFNER, HEATHER 1 RAIDER PLACE PLANT CITY FL 33566	Name: Kevin Sellers / Kevin Sellers Street Address (P.O. Box Number is Not Acceptable): PO Box 3543 / 1 Raider Place City: Plant City, FL 33563 / Plant City FL Zip Code: FL 33566

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: Kevin Sellers
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P KIFFNER, HEATHER P.O. BOX 1957 PLANT CITY FL 33564	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Vice President #2~~ ~~Kevin Sell~~ aaron majors 430 Peverty Dr. Plant City FL 33567	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP2 CARLSON, HENRY P.O. BOX 1957 PLANT CITY FL 33564	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President #1 SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JORDAN, CATHY PO BOX 1957 PLANT CITY FL 33564	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kristin Lockard 7814 Shoupe Rd Plant City FL 33565	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA COPE, KELLE P.O. BOX 1957 PLANT CITY FL 33564	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas Angie Majors 430 Peverty Dr Plant City FL 33567	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MERCER, JANA P.O. BOX 1957 PLANT CITY FL 33564	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ ~~Majors~~ Volunteer Coordinator #2 Debbie Beach 133 S. Wiggins Rd Plant City FL 33566	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC#2 FORTUNE, ALI P.O. BOX 1957 PLANT CITY FL 33564	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cathy Jordan Volunteer Coordinator #1 1308 E Tomlin St Plant City FL 33563	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kelle Cope Kelle Cope 4/16/08