
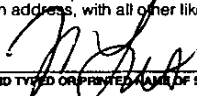


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90304 022 ****70.00

DOCUMENT # N39380 1. Entity Name HARRISON CENTER FOR THE ARTS PARENTS ASSOCIATION, INC.					
Principal Place of Business 750 HOLLINGSWORTH DRIVE LAKELAND, FL 33801 US			Mailing Address 750 HOLLINGSWORTH DRIVE LAKELAND, FL 33801 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3032744	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, CRAIG S 2603 CLEVELAND HEIGHTS LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, STEVE		NAME	Leto, Nora	
STREET ADDRESS	450 WINDSOR DRIVE		STREET ADDRESS	915 South Boulevard	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Lakeland, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHRE, DAWN		NAME	Lauretta, Theresa	
STREET ADDRESS	3422 BRIDGEFIELD DRIVE		STREET ADDRESS	4934 Log Cabin Drive	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUFFMAN, VICKY		NAME		
STREET ADDRESS	1204 EASTON DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GURAN, NANCY		NAME	Russell, Diana	
STREET ADDRESS	7551 EASTVIEW PLACE		STREET ADDRESS	5861 Lake Victoria Drive	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNA, DARLENE		NAME	Vickers, Ruth	
STREET ADDRESS	2615 HIGHLANDS VINE PKWY		STREET ADDRESS	819 Hampton Place Drive	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIERONYMUS, POLLY		NAME		
STREET ADDRESS	6326 MAGNOLIA LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			4/19/05 863-299-1241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					