2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39380

Title:

Name:

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Entity Name: HARRISON CENTER FOR THE ARTS PARENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 750 HOLLINGSWORTH DRIVE LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 750 HOLLINGSWORTH DRIVE LAKELAND, FL 33801 FEI Number: 59-3032744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, CRAIG S COLLINS, CRAIG S 2603 CLÉVELAND HEIGHTS C/O 750 HOLLINGSWORTH DRIVE LAKELAND, FL 33803 LAKELAND, FL 33801 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: CRAIG S. COLLINS 04/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LETO, NORA VICKERS, RUTH Name: Name: 915 SOUTH BLVD Address: 817 HAMILTON PLACE Address: City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL 33813 Title: Title: (X) Change () Addition () Delete LAURETTA, THERESA Name: GOELTZENLEUCHTER, SUSAN Name: Address: 4934 LOG CABIN DRIVE Address: 6221 DOE CIRCLE E City-St-Zip: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33809 Title: () Delete Title: () Change () Addition LUFFMAN, VICKY Name: Name: 1204 EASTON DR. Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: RUSSELL, DIANA Name: NANCE, MARY 5861 LAKE VICTORIA DRIVE Address: Address: 1 LAKE LINK DRIVE City-St-Zip: LAKELAND, FL 33813 City-St-Zip: WINTER HAVEN, FL 33884 Title: (X) Delete Title: () Change () Addition VICKERS, RUTH Name: Name: 817 HAMILTON DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VICKY LUFFMAN T 04/27/2006

(X) Delete

HIERONYMUS, POLLY

6326 MAGNOLIA LANE

LAKELAND, FL 33810

() Change () Addition