

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39380

FILED
Apr 27, 2006
Secretary of State

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

Current Principal Place of Business:

750 HOLLINGSWORTH DRIVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

750 HOLLINGSWORTH DRIVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-3032744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, CRAIG S
2603 CLEVELAND HEIGHTS
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

COLLINS, CRAIG S
C/O 750 HOLLINGSWORTH DRIVE
LAKELAND, FL 33801 US

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:

Title: P () Delete
Name: LETO, NORA
Address: 915 SOUTH BLVD
City-St-Zip: LAKELAND, FL

Title: S () Delete
Name: LAURETTA, THERESA
Address: 4934 LOG CABIN DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: T () Delete
Name: LUFFMAN, VICKY
Address: 1204 EASTON DR.
City-St-Zip: LAKELAND, FL 33803

Title: V () Delete
Name: RUSSELL, DIANA
Address: 5861 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Delete
Name: VICKERS, RUTH
Address: 817 HAMILTON DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: C (X) Delete
Name: HIERONYMUS, POLLY
Address: 6326 MAGNOLIA LANE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VICKERS, RUTH
Address: 817 HAMILTON PLACE
City-St-Zip: LAKELAND, FL 33813

Title: S (X) Change () Addition
Name: GOELTZENLEUCHTER, SUSAN
Address: 6221 DOE CIRCLE E
City-St-Zip: LAKELAND, FL 33809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: NANCE, MARY
Address: 1 LAKE LINK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: VICKY LUFFMAN

T

04/27/2006

Electronic Signature of Signing Officer or Director

Date