

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N39380

FILED
Dec 14, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VICKERS, RUTH
Address: C/O 750 HOLINGS WORTH RD
City-St-Zip: LAKELAND, FL 33801

Title: S () Delete
Name: HALL, MICHELLE
Address: C/O 750 HOLLINGSWORTH RD
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: SOKOLSKI, TOM
Address: C/O 750 HOLLINGSWORTH RD
City-St-Zip: LAKELAND, FL 33801

Title: V () Delete
Name: WILSON, DIANE
Address: C/O 750 HOLLINGSWORTH RD.
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORBY, CRAIG
Address: C/O 750 HOLLINGSWORTH ROAD
City-St-Zip: LAKELAND, FL 33801

Title: S (X) Change () Addition
Name: SAXENA, ANU
Address: C/O 750 HOLLINGSWORTH RD
City-St-Zip: LAKELAND, FL 33801

Title: T (X) Change () Addition
Name: HICKS, STEPHEN
Address: C/O 750 HOLLINGSWORTH RD
City-St-Zip: LAKELAND, FL 33801

Title: V (X) Change () Addition
Name: VOYLES, JAMES
Address: C/O 750 HOLLINGSWORTH RD.
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN HICKS

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12/14/2009

Electronic Signature of Signing Officer or Director

Date