2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2010
Secretary of State

DOCUMENT# N39380

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:

750 HOLLINGSWORTH ROAD
LAKELAND, FL 33801 US

Current Mailing Address:

750 HOLLINGSWORTH DRIVE
LAKELAND, FL 33801 US

New Mailing Address:

750 HOLLINGSWORTH ROAD
LAKELAND, FL 33801 US

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
C/O 750 HOLLINGSWORTH DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

COLLINS, CRAIG S
C/O 750 HOLLINGSWORTH ROAD
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 COLLINS 04/25/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: S
Name: SAXENA, ANU
Address: C/O 750 HOLLINGSWORTH ROAD
City-St-Zip: LAKELAND, FL 33801

Title: T
Name: HICKS, STEPHEN
Address: C/O 750 HOLLINGSWORTH ROAD
City-St-Zip: LAKELAND, FL 33801

Title: V
Name: VOYLES, JAMES
Address: C/O 750 HOLLINGSWORTH ROAD
City-St-Zip: LAKELAND, FL 33801

I hereby 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 all other like empowered.

SIGNATURE: CRAIG COLLINS RA 04/25/2010
Electronic Signature of Signing Officer or Director Date