

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39380

FILED
Feb 15, 2012
Secretary of State

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

Current Principal Place of Business:

750 HOLLINGSWORTH ROAD
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

750 HOLLINGSWORTH ROAD
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
C/O 750 HOLLINGSWORTH ROAD
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: S
Name: GLOTFELTY, TAMMY
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: CHRISTINE SMITH

T

02/15/2012

Electronic Signature of Signing Officer or Director

Date