

## ANNUAL REPORT

DOCUMENT # N48496

1. Entity Name  
**FERNANDINA BEACH HIGH SCHOOL BAND PARENTS  
 ASSOCIATION, INC.**



Principal Place of Business  
**435 CITRONA DRIVE  
 BAND ROOM  
 FERNANDINA, FL 32034-2741 US**

Mailing Address  
**P.O. BOX 1832  
 FERNANDINA BEACH, FL 32034 US**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90029 015 \*\*\*\*61.25



2. Principal Place of Business		3. Mailing Address		02092004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAIN, KENNETH 129 S 17TH ST FERNANDINA BEACH, FL 32034		Name <u>PENNY L. KELLEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>613 STANLEY DRIVE</u> City <u>FERNANDINA BEACH, FL</u> Zip Code <u>32034</u>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PENNY L. KELLEY TD Penny Kelley 2/10/04  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <del>ID</del> NAME CAIN, KENNETH STREET ADDRESS 129 S 17TH CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE <del>TD</del> NAME PENNY L. KELLEY STREET ADDRESS 613 STANLEY DRIVE CITY-ST-ZIP FB, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <del>SD</del> NAME HAMILTON, SHERRY STREET ADDRESS 195 ROWAN OAK PL CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE <del>SD</del> NAME MELANIE JONES STREET ADDRESS 415 SOUTH 13TH TERRACE CITY-ST-ZIP FB, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <del>PD</del> NAME DWYER, SUE STREET ADDRESS 1962 LAKESIDE DR S CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE <del>PD</del> NAME SALLY SEABERT STREET ADDRESS 1641 OCEAN DRIVE CITY-ST-ZIP FB, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <del>VPD</del> NAME RAY, PAT STREET ADDRESS 2183 DEBBIE RD CITY-ST-ZIP YULEE, FL 32097	<input checked="" type="checkbox"/> Delete	TITLE <del>VPD</del> NAME SHARI PAYLOR STREET ADDRESS 1324 South 6th STREET CITY-ST-ZIP FB, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Penny L. Kelley