

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90035 047 \*\*\*\*61.25

**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**



2. Principal Place of Business

**435 Citrona Dr.**

3. Mailing Address

**PO Box 1832**

Suite, Apt. #, etc.

**Band Room**

Suite, Apt. #, etc.

03172005 Chg-NP

CR2E037 (10/03)

City & State

**Fernandina Bch.**

City & State

**Florida**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

Zip  
**32034**

Country

**USA**

Zip  
**32035**

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KELLEY-PENNY L  
613 STANLEY DRIVE  
FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent

Name **Perry R. Kelley**

Street Address (P.O. Box Number is Not Acceptable)  
**613 Stanley Dr.**

City **Fernandina Bch FL** Zip Code **32034**

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

**Perry R. Kelley**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **KELLEY, PENNY L**  
STREET ADDRESS **613 STANLEY DR**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **SD** ☒ Delete  
NAME **JONES, MELANIE**  
STREET ADDRESS **415 SOUTH 13TH TERRACE**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **PD** ☒ Delete  
NAME **SEABERT, SALLY**  
STREET ADDRESS **1641 OCEAN DRIVE**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **VD** ☒ Delete  
NAME **PAYLOR, SHARI**  
STREET ADDRESS **1324 SOUTH 6TH STREET**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☐ Addition  
NAME **Perry R. Kelley**  
STREET ADDRESS **613 Stanley Dr.**  
CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Carol Ferreira**  
STREET ADDRESS **4917 Seagrass Bluff Dr.**  
CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Matthew Stuart**  
STREET ADDRESS **86099 Mouches Dr.**  
CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Jed Wyatt**  
STREET ADDRESS **1912 Passonaria Dr.**  
CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Perry R. Kelley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904(261-8632)**