## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48496

FILED Sep 03, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

435 CITRONA DRIVE BAND ROOM

FERNANDINA, FL 320342741 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1832

FERNANDINA BEACH, FL 32034 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

KELLEY, PENNY L TRAMPLER, LISA M

613 STANLEY DRIVE 23925 CRESCENT PARKE CT.

FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 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: LISA M. TRAMPLER 09/03/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TD ( ) Delete Title: TD (X) Change ( ) Addition

Name: KELLEY, PENNY L Name: TRAMPLER, LISA M
Address: 613 STANLEY DR Address: 23925 CRESCENT PARKE CT.

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD ( ) Delete Title: PD (X) Change ( ) Addition Name: FERREIRA, CAROL Name: CAZELL, BEN

Address: 7917 SUAREZ BLUFF DR Address: 2124 HIGHLAND ST.
City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD () Delete Title: SD (X) Change () Addition Name: STUART, MATTHEW Name: BARROWS, CARLENE

Address: 86099 MORICHES DR Address: 2620 AMELIA RD.

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Name: COE, LEE ANN Name: BRADLEY, JOE

Address: 31031 GRASSY PK LN Address: 1528 BLUE HERON DR.

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

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: LISA M. TRAMPLER TD 09/03/2007