

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N48496

FILED
Oct 02, 2008
Secretary of State

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

Current Principal Place of Business:

435 CITRONA DRIVE
BAND ROOM
FERNANDINA, FL 320342741 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1832
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

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:

TRAMPLER, LISA M
23925 CRESCENT PARKE CT.
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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: TRAMPLER, LISA M
Address: 23925 CRESCENT PARKE CT.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD () Delete
Name: CAZELL, BEN
Address: 2124 HIGHLAND ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete
Name: BARROWS, CARLENE
Address: 2620 AMELIA RD.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: BRADLEY, JOE
Address: 1528 BLUE HERON DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

10/02/2008

Electronic Signature of Signing Officer or Director

Date