

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48496

FILED
Feb 05, 2009
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:

P.O. BOX 16013
FERNANDINA BEACH, FL 32035- US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, BRENDA T
95011 GEORGE COURT
FERNANDINA BEACH, FL 32034 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: TD () Delete
Name: MURRAY, BRENDA T
Address: 95011 GEORGE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD () Delete
Name: MCINTRYE, MARIANNA
Address: 1883 ANCHORAGE PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete
Name: BRASWELL, DEBRA
Address: 14 N. 17TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: GRONDIN, DIANE
Address: 2945 AMELIA RD.
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: BRENDA MURRAY

TD

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date