

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004902

FILED
Feb 03, 2004
Secretary of State

Entity Name: SEBRING BAND PARENT'S ASSOCIATION, INC.

Current Principal Place of Business:

SEBRING HIGH SCHOOL
3514 KENILWORTH BLVD
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3513
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 65-0461519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM, JAMES F
129 S. COMMERCE AVE.
SEBRING, FL 33870 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: T () Delete
Name: BREED, BROOK B
Address: 310 NEWMAN ROAD
City-St-Zip: SEBRING, FL 33876

Title: P () Delete
Name: BAILEY, JANET
Address: 7224 HONEYSUCKLE DR.
City-St-Zip: SEBRING, FL 33876

Title: S () Delete
Name: BROADAWAY, AMY
Address: 424 DOGWOOD DR.
City-St-Zip: SEBRING, FL 33876

Title: D () Delete
Name: SECOR, GERALD
Address: 637 NE LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33870

Title: V () Delete
Name: SANFORD, JEANNIE
Address: 1400 HITAKEE AVE
City-St-Zip: SEBRING, FL 33870

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BROOK B. BREED

TREA

02/03/2004

Electronic Signature of Signing Officer or Director

Date