2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003703

Name:

Address:

City-St-Zip:

HULL, TAMELA L

830 WELLS DR

SOUTH DAYTONA, FL 32119

FILED Apr 27, 2005 Secretary of State

Entity Name: ATLANTIC HIGH SCHOOL BAND PATRONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1250 REED CANAL ROAD PORT ORANGE, FL 32119 **Current Mailing Address: New Mailing Address:** 1250 REED CANAL ROAD PORT ORANGE, FL 32119 FEI Number: 59-3257040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'KELLY, RYAN GILLET, BRAD 1250 REED CANAL RD 1250 REED CANAL RD PORT ORANGE, FL 32119 US PORT ORANGE, FL 32119 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: BRAD GILLET 04/27/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition YANOCKO, ROBERT Name: Name: 1407 N. DEXTER DR Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: Title: VD () Delete Title: () Change () Addition COPP, LARA LEE Name: Name: Address: 2114 BRIAN AVE Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: (X) Change () Addition STEVENS, SUZANNE Name: LEVINE, SUZANNE Name: 3799 GROVE VIEW LANE 1250 COUNTRY RD. Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

DORGAN, MARGARET

SOUTH DAYTONA, FL 32119

600 NORTHERN RD.

SIGNATURE: ROBERT YANOCHKO PD 04/27/2005