## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400003703

FILED Feb 15, 2007 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:

GILLET, BRAD 1250 REED CANAL RD 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:

Flateria Gianatas of Davidson I Associ

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 YANOCKO, ROBERT
 Name:
 LEVINE, SUZANNE

 Address:
 1407 N. DEXTER DR
 Address:
 1250 COUNTRY ROAD

 City-St-Zip:
 PORT ORANGE, FL 32129
 City-St-Zip:
 PORT ORANGE, FL 32129

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: COPP, LARA LEE Name: MENDLER, PATTY

Address: 2114 BRIAN AVE Address: 756 TAYLOR ROAD

City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: PORT ORANGE, FL 32129

Title: () Delete Title: (X) Change ( ) Addition LEVINE, SUZANNE SCOFIELD, DAWNMARIE Name: Name: 1250 COUNTRY RD. 3900 OAK CREST CIRCLE Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: DORGAN, MARGARET Name: WATSON, VICKI

 Address:
 600 NORTHERN RD.
 Address:
 17 WHISTLING DUCK COURT

 City-St-Zip:
 SOUTH DAYTONA, FL 32119
 City-St-Zip:
 DAYTONA BEACH, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the 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: DAWNMARIE SCOFIELD T 02/15/2007