2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR P

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N94000005791 04-26-2004 90431 027 ****61.25 1. Entity Name WESTPINE MIDDLE SCHOOL BAND PARENTS' ASSOCIATION, INC. Mailing Address Principal Place of Business 9393 NW 50TH ST 9393 NW 50TH ST SUNRISE, FL 33351 SUNRISE, FL 33351 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 CR2E037 (10/03) Chq-NP Applied For 4. FEI Number 65-0586108 City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM E. BLYLER, P.A. 1881 UNIVERSITY DR Street A CORAL SPRINGS, FL 33071 ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. n TIDE ☐ Change Addition Delete TITLE Paul Kula KLUTTZ, MARIA NAME NAME 9393 NW 50TH STREET STREET ADDRESS STREET ADDRESS 0393 NW 50th St SUNRISE, FL 33351 CITY-ST-7IP CITY-ST-ZIP sunnie a 33351 ☐ Change ☐ Addition ☐ Delete TITLE TILE NAME FRANKLIN, ELIZABETH NAME 9393 NW 50TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIE SUNRISE, FL 33351 CITY-ST-ZIP VPD Kristina Angelone Addition VPD ☐ Change TITLE Delete TITLE **BURNEY, RICARDO** NAME NAME 9393 NW 50TH STREET STREET ADORESS 9393 NW 50th Street STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change Jane Souza-Guido 9393 NW 50th St. FRANKLIN, EDWARD NAME NAME 9393 NW 50TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZiP SUNRISE, FL 33351 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME WELLS, ALISON NAME 9393 NW 50TH STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atta **SIGNATURE:**

G OFFICER OR DIRECTOR

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