

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

PS 1-82

<b>DOCUMENT # N94000005791</b> 1. Entity Name <b>WESTPINE MIDDLE SCHOOL BAND PARENTS' ASSOCIATION, INC.</b>				 FILED OCT 24 PM 2:19 TALLAHASSEE, FLORIDA	
Principal Place of Business 9393 NW 50TH ST SUNRISE, FL 33351				Mailing Address 9393 NW 50TH ST SUNRISE, FL 33351	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		08312005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>NEW</b> <del>65-0686108</del> <b>84-1690830</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KULA, PAUL</b> <b>9343 NW 50TH STREET</b> <b>SUNRISE, FL 33351</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 30, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULA, PAUL 9393 NW 50TH ST. SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKLIN, ELIZABETH 9393 NW 50TH STREET SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060259985 10/05/05--01056--012 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGELONE, KRISTINA 9393 NW 50TH STREET SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUZA-GUIDO, JANE 9393 NW 50TH STREET SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLS, ALISON 9393 NW 50TH STREET SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jill Larkin-Taylor 8041 NW 47 Court Davdenville FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 or 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 receiver 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 attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>9/26/05</b>				Daytime Phone # <b>(954) 254 7893</b>	

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**WESTPINE MIDDLE SCHOOL  
BAND PARENT'S ASSOCIATION, INC.**

9393 N.W. 50<sup>TH</sup> STREET  
SUNRISE, FLORIDA 33351

October 19, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ATTN: Tina Roberts  
Document Specialist

RE: Document #N94000005791  
2005 Corporate Annual Report

Dear Ms. Roberts,

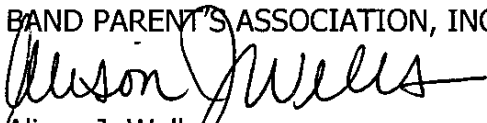
The above referenced not-for-profit organization is seeking reinstatement. We did not receive the pre-printed form for registration.

Please abate all penalties and reinstate this corporation.

We apologize for any inconvenience that this may cause.

Thank you for your prompt attention to this matter.

Sincerely,  
WESTPINE MIDDLE SCHOOL  
BAND PARENT'S ASSOCIATION, INC.

  
Alison J. Wells  
Treasurer



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
PHILADELPHIA PA 19255-0023

11337 x

Date of this notice: 09-08-2005

Employer Identification Number:  
84-1690830

Form: SS-4

Number of this notice: CP 575 F

For assistance you may call us at:  
1-800-829-4933

WESTPINE MIDDLE SCHOOL BAND PARENT  
% ALISON J WELLS  
9393 NW 50TH ST  
SUNRISE FL 33351

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 84-1690830. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records.
- \* Use this EIN and your name exactly as they appear on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.