2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N94000005791

Entity Name: WESTPINE MIDDLE SCHOOL BAND PARENTS' ASSOCIATION, INC.

Current Principal Place of Business:

9393 NW 50TH ST
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

9393 NW 50TH ST
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 84-1690830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KULA, PAUL
9343 NW 50TH STREET
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

WELLS, ALISON TREASUR
9393 NW 50TH STREET
SUNRISE, FL 33351 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: ALISON WELLS 04/26/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KULA, PAUL
Address: 9393 NW 50TH ST.
City-St-Zip: SUNRISE, FL 33351

Title: VPD (X) Delete
Name: ANGELONE, KRISTINA
Address: 9393 NW 50TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: PD ( ) Delete
Name: SOUZA-GUIDO, JANE
Address: 9393 NW 50TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: TD ( ) Delete
Name: WELLS, ALISON
Address: 9393 NW 50TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: SD ( ) Delete
Name: LARKIN-TAYLOR, JILL
Address: 8041 N W 47 COURT
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: ANGELONE, KRISTINA
Address: 9393 NW 50TH STREET
City-St-Zip: SUNRISE, FL 33351

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: SD (X) Change ( ) Addition
Name: LARKIN-TAYLOR, JILL
Address: 9393 NW 50TH STREET
City-St-Zip: SUNRISE, FL 33351

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: ALISON WELLS TD 04/26/2006
Electronic Signature of Signing Officer or Director Date