

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001642

FILED
Apr 29, 2010
Secretary of State

Entity Name: WOLVERINE BAND PARENTS' ASSOCIATION, INC.

Current Principal Place of Business:

2101 GREENVIEW SHORES BLVD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

PO BOX 1366
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0543174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECIALE, DONNA
12572 SHORELINE DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT
Name: SPECIALE, DONNA
Address: 12572 SHORELINE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: DP
Name: KANNBERG, DAVE
Address: 13948 SHEFFIELD CT
City-St-Zip: WEST PALM BEACH, FL 33414

Title: DV
Name: ARENA, LAURA
Address: 197 QUERCUS CT.
City-St-Zip: WELLINGTON, FL 33414

Title: DV
Name: JOHNSON, JULIE
Address: 926 COSMOS COURT
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: KANNBERG, LOUIS A
Address: 13948 SHEFFIELD CT
City-St-Zip: WELLINGTON, FL 33414

Title: DS
Name: POLLACK, PAULA
Address: 13049 LA MIRADA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: PAULA POLLACK

DS

04/29/2010

Electronic Signature of Signing Officer or Director

Date