


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90108 024 ****61.25

DOCUMENT # N98000006267 1. Entity Name GIFFORD MIDDLE SCHOOL BAND PARENTS ASSOCIATION, INC.					
Principal Place of Business 4530 28TH CT VERO BEACH, FL 32967			Mailing Address 4530 28TH CT VERO BEACH, FL 32967		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KRAHEK, DAVE 4530 28TH COURT VERO BEACH, FL 32967			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SRIGLEY, SEAN		NAME		
STREET ADDRESS	144 STONECROP STREET		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, MARTA		NAME	ALL EBE SAME FOR MARTA MORRIS	
STREET ADDRESS	144 - 40TH CT		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREELAND, FRAN		NAME	ANGELA BOWING	
STREET ADDRESS	34 CACE CAY DRIVE		STREET ADDRESS	960 - 29TH COURT	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	CO-TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, BRENDA		NAME	SALLY OFFUTT	
STREET ADDRESS	435 - 14TH PL, SW		STREET ADDRESS	3003 CARDINAL DRIVE #C	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	CO-TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DELP, D'ANN		NAME	JANET WATSON	
STREET ADDRESS	1135 BOUNTY BLVD.		STREET ADDRESS	150 MCKEE LANE	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLARK, BOBBIE		NAME	MELISSA PATRICK	
STREET ADDRESS	290 - 13TH PL, #102		STREET ADDRESS	2315 COMPASS POINTE DR.	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH FL 32966	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>Janet Watson</u> JANET WATSON CO-TRK			Date <u>1/19/06</u> Daytime Phone # <u>772-231-2100</u>		