2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006267

FILED Apr 21, 2008 Secretary of State

Entity Name: GIFFORD MIDDLE SCHOOL BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
4530 28TH VERO BEA	1 CT ACH, FL 32967				
Current Mailing Address:			New Maili	New Mailing Address:	
4530 28TH VERO BEA	1 CT ACH, FL 32967				
FEI Number:	: 65-0888309	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
KRAMEK, 4530 28TH VERO BEA		US			
	named entity su e of Florida.	ıbmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E SRIGLEY, SEAN 1444 STONECRO SEBASTIAN, FL	OP ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BOLING, ANGEL 960 21TH CT		Title: Name: Address:	() Change () Addition	
City-St-Zip:	VERO BEACH, F	L 32960	City-St-Zip:		
Title: Name: Address:	·	Delete HA E	City-St-Zip: Title: Name: Address: City-St-Zip:	V (X) Change () Addition LUTMAN, LATASHA 4735 50TH DRIVE VERO BEACH, FL 32967	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	V () C CUTMAN, LATAS 4735 50TH DRIVI VERO BEACH, FI	Delete HA E L 32967 Delete IORAH	Title: Name: Address:	LUTMAN, LATASHA 4735 50TH DRIVE	
Title: Name: Address: City-St-Zip: Title: Name: Address:	V () C CUTMAN, LATAS 4735 50TH DRIVI VERO BEACH, FI V () C ROBINSON, DEB 6090 46TH LN VERO BEACH, FI	Delete HA E L 32967 Delete GORAH L 32967 Delete SSA POINTE DR	Title: Name: Address: City-St-Zip: Title: Name: Address:	LUTMAN, LATASHA 4735 50TH DRIVE VERO BEACH, FL 32967 V (X) Change () Addition WALKER, ANN 2602 VICTORY BOULEVARD	

I hereby certify that the information supplied with this filing does not qualify 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: ELEANOR S. DIXON T 04/21/2008