

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006267

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

4530 28TH CT
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4530 28TH CT
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-0888309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMEK, DAVE
4530 28TH COURT
VERO BEACH, FL 32967 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: D () Delete
Name: SRIGLEY, SEAN
Address: 1444 STONECROP ST
City-St-Zip: SEBASTIAN, FL 32958

Title: P () Delete
Name: BOLING, ANGELA
Address: 960 21TH CT
City-St-Zip: VERO BEACH, FL 32960

Title: V () Delete
Name: LUTMAN, LATASHA
Address: 4735 50TH DRIVE
City-St-Zip: VERO BEACH, FL 32967

Title: V () Delete
Name: WALKER, ANN
Address: 2602 VICTORY BOULEVARD
City-St-Zip: VERO BEACH, FL 32960

Title: S () Delete
Name: SIMPSON, LAURI
Address: 4725 70TH TERRACE
City-St-Zip: VERO BEACH, FL 32967

Title: T () Delete
Name: DIXON, ELEANOR
Address: 966 BEACH COMBER LN
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MAES, PATRICIA
Address: 1015 BEAUMANS WAY
City-St-Zip: VERO BEACH, FL 32963

Title: V (X) Change () Addition
Name: KRULIKOWSKI, SONYA
Address: 475 AZINE TERRACE
City-St-Zip: SEBASTIAN, FL 32958

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PAGE, LISA
Address: 1726 20TH COURT
City-St-Zip: VERO BEACH, FL 32960

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: LISA PAGE

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date