

DOCUMENT # N9900000407 ✓
1. Entity Name
Pompano Beach Middle School
Band Parents Association Inc.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90005 028 ****61.25

Principal Place of Business Mailing Address
516 N.E. 6TH STREET
POMPAHO BEACH, FL 33060

2. Principal Place of Business 3. Mailing Address
310 DORIS M. PRICE SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

300 N.E. 4TH AVE

City & State
POMPAHO BEACH, FL

Zip Country
33060 USA

City & State

Zip

Country

4. FEI Number
65-0948137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMILTON-DOYLE
516 N.E. 6TH STREET
POMPAHO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name DORIS M. PRICE
Street Address (P.O. Box Number is Not Acceptable)
300 N.E. 4TH AVE
City POMPAHO BEACH, FL Zip Code 33060

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.

SIGNATURE *Doris M. Price*
Signature, typed or printed name of registered agent and title if applicable

DORIS M. PRICE

5-4-00
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President and Treasurer	☐ Delete
NAME	Doris M. Price	
STREET ADDRESS	300 N.E. 4 TH Avenue	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	Secretary & Board of Directors	☐ Delete
NAME	Kathy Clevenger	
STREET ADDRESS	800 N.E. 16 TH Street	
CITY-ST-ZIP	Ft. Laud. FL 33304	
TITLE	Board of Directors	☐ Delete
NAME	Judy Hardy	
STREET ADDRESS	1220 N.E. 9 TH Street	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Doris M. Price*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-00
Date

Doc. Types Please #

CR2E037 (9/99)