

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006696

Entity Name: DOUGLAS ANDERSON BAND PARENTS ORGANIZATION, INC.**Current Principal Place of Business:**2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207**Current Mailing Address:**2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207 US**FEI Number: 27-3069580****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAVAGE, KIMBERLY
2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207 US*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:** KIMBERLY A SAVAGE

04/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MACK, MARTHA DAYLE
Address	2445 SAN DIEGO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	MORGAN, JIMMY
Address	2445 SAN DIEGO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	S
Name	RAVNELL, RHONDA
Address	2445 SAN DIEGO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	T
Name	SAVAGE, KIMBERLY
Address	2445 SAN DIEGO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	FREITAS, BARBIE
Address	2445 SAN DIEGO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	BUTLER, ANGELA
Address	2445 SAN DIEGO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

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: KIMBERLY A SAVAGE**TREASURER**

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date