2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2022
Secretary of State
5231701816CC

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Entity Name: NORTH PORT HIGH SCHOOL ORCHESTRA AND PERCUSSION PARENT ASSOCIATION, INC.

Current Principal Place of Business:

6400 W PRICE BLVD
NORTH PORT, FL 34291

Current Mailing Address:

7363 SPRING HAVEN DR
NORTH PORT, FL 34287 US

FEI Number: 81-5472116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEGRIA, MICHAEL
7363 SPRING HAVEN DR
NORTH PORT, FL 34287 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PAST PRESIDENT
Name	HARWOOD, AMBER
Address	1237 NEW LONDON ST
City-State-Zip:	NORTH PORT FL 34288

Title	DIRECTOR
Name	ALEGRIA, LORIANNE
Address	7363 SPRING HAVEN DR
City-State-Zip:	NORTH PORT FL 34287

Title	PRESIDENT
Name	SMITH, SHARON
Address	2477 WURTSMITH LANE
City-State-Zip:	NORTH PORT FL 34286

Title	VP
Name	SINGH, JAQUELYN
Address	1579 FITZGERALD RD
City-State-Zip:	NORTH PORT FL 34288

Title	TREASURER
Name	COOLEY, HEATHER
Address	1374 SKAGWAY TERRACE
City-State-Zip:	NORTH PORT FL 34291

Title	SECRETARY
Name	CUTLER, PATRICIA
Address	2385 MAUVE TERR.
City-State-Zip:	NORTH PORT FL 34286

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: LORIANNE ALEGRIA DIRECTOR 04/24/2022

Electronic Signature of Signing Officer/Director Detail — Date