2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 05, 2025
Secretary of State
7380142888CC

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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:

6400 W. PRICE BLVD
NORTH PORT, FL 34291 US

FEI Number: 81-5472116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEGRIA, MICHAEL
6400 WEST PRICE BOULEVARD
NORTH PORT, FL 34291 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	VP
Name	HARWOOD, AMBER
Address	6400 W PRICE BLVD
City-State-Zip:	NORTH PORT FL 34291

Title	PRESIDENT
Name	SINGH, JAQUELYN
Address	6400 W PRICE BLVD
City-State-Zip:	NORTH PORT FL 34291

Title	ASST. TREASURER
Name	LOZANO, MELISSA
Address	6400 W PRICE BLVD
City-State-Zip:	NORTH PORT FL 34291

Title	ASST. TREASURER
Name	ALLEN, RACHEL
Address	6400 W. PRICE BLVD
City-State-Zip:	NORTH PORT FL 34291

Title	DIRECTOR
Name	ALEGRIA, LORIANNE
Address	6400 W PRICE BLVD
City-State-Zip:	NORTH PORT FL 34291

Title	SECRETARY
Name	RUSSELL, MINDY
Address	6400 W PRICE BLVD
City-State-Zip:	NORTH PORT FL 34291

Title	ASST. TREASURER
Name	DEUBEL, SARINA
Address	6400 W. PRICE BLVD
City-State-Zip:	NORTH PORT FL 34291

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: MELISSA LOZANO ASST. TREASURER 07/05/2025

Electronic Signature of Signing Officer/Director Detail — Date