

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39380

Entity Name: HARRISON CENTER FOR THE ARTS PARENTS ASSOCIATION, INC.

FILED
Mar 25, 2020
Secretary of State
1642113887CC

Current Principal Place of Business:

750 HOLLINGSWORTH ROAD
LAKELAND, FL 33801

Current Mailing Address:

750 HOLLINGSWORTH ROAD
LAKELAND, FL 33801 US

FEI Number: 59-3032744

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, KEVIN
C/O 750 HOLLINGSWORTH ROAD
LAKELAND, FL 33801 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: KEVIN LEVINE

03/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MORAN, MIKE
Address 750 HOLLINGSWORTH ROAD
City-State-Zip: LAKELAND FL 33801

Title T
Name MOSES, NANCY
Address C/O 750 HOLLINGSWORTH ROAD
City-State-Zip: LAKELAND FL 33801

Title S
Name ROSENKRANTZ, MORGAN
Address 750 HOLLINGSWORTH ROAD
City-State-Zip: LAKELAND FL 33801

Title VP
Name ROBERTS-MCCARLEY, SARA
Address 750 HOLLINGSWORTH ROAD
City-State-Zip: LAKELAND FL 33801

Title ASST. TREASURER
Name DEITRICK, KELLIE
Address 750 HOLLINGSWORTH ROAD
City-State-Zip: LAKELAND FL 33801

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: MIKE MORAN

PRESIDENT

03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date