2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2025
Secretary of State
5658591645CC

DOCUMENT# N39380

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

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 03/17/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	COPPOLO, EMILY
Address	750 HOLLINGSWORTH ROAD
City-State-Zip:	LAKELAND FL 33801

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

Title	TREASURER
Name	WROTEN, DEBRA
Address	750 HOLLINGSWORTH ROAD
City-State-Zip:	LAKELAND FL 33801

Title	VP
Name	WEEKS, JESSICA
Address	750 HOLLINGSWORTH ROAD
City-State-Zip:	LAKELAND FL 33801

Title	TREASURER
Name	WEST, ANGELA MIA
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: KIMBERLEE MAYES PRESIDENT 03/17/2025

Electronic Signature of Signing Officer/Director Detail — Date