


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90069 011 ****61.25

0015428

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 721700

1. Corporation Name

UMATILLA BAND AIDES ASSOCIATION, INC.

Principal Place of Business

TROWELL AVE
P.O. BOX 1601
UMATILLA FL 32784

Mailing Address

TROWELL AVE
P.O. BOX 1601
UMATILLA FL 32784



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 44-2068130	
22		27		Applied For Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LOCKE, WESLEY 557 WINOGENE AVE UMATILLA FL 32784				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MCNALLY, CAROL	1.2 NAME	Wunsch, Judyth L.
STREET ADDRESS	18330 DEMKO RD	1.3 STREET ADDRESS	420 Edgewater Ave.
CITY-ST-ZIP	ALTOONA FL 32702	1.4 CITY-ST-ZIP	umatilla, FL 32784
TITLE	VD	2.1 TITLE	VD
NAME	SCHICHEL, TERRY	2.2 NAME	McCall, Kelley
STREET ADDRESS	106 WINGFIELD DRIVE	2.3 STREET ADDRESS	400 S. Central Ave.
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	umatilla, FL 32784
TITLE	SD	3.1 TITLE	SD
NAME	MCGONIGAL, BONNIE	3.2 NAME	Woodworth, Kelly
STREET ADDRESS	45041 HWY 19 N	3.3 STREET ADDRESS	10950 N. Em - En - El Grove Rd.
CITY-ST-ZIP	ALTOONA FL	3.4 CITY-ST-ZIP	umatilla, FL 32784
TITLE	TD	4.1 TITLE	TD
NAME	YEARWOOD, JAMES	4.2 NAME	Beth Collins
STREET ADDRESS	19651 DORR RD	4.3 STREET ADDRESS	295 Orange St
CITY-ST-ZIP	ALTOONA FL 32702	4.4 CITY-ST-ZIP	umatilla, FL 32784
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judyth L. Wunsch 2-9-99

Date

352-669-2677

Daytime Phone #

CR2E037-(1/1/98)