


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 030 ****61.25

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # 721700 1. Entity 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 44-2068130 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BAILEY, MARK 320 N TROWELL AVE UMATILLA, FL 32784 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LEE, THERESA 45802 PALM ST PAISLEY, FL 32767 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILSON, KIM 58 ROSE AVE UMATILLA, FL 32784 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP FALCONER, PAMELA 42528 MAGGIE JONES RD. PAISLEY, FL 32767 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRY, BRENDA 22450 WILL MURPHY RD. UMATILLA, FL 32784 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINN, LOIS 43651 GRACIE DR. PAISLEY, FL 32767 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOCKE, WES PO BOX 1173 UMATILLA, FL 32784 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Sharon Tanner 91502 Paradise Way Eustis, FL 32736 | | | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Kim Wilson | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: 1/11/04 Daytime Phone #: 3526696474 | | | | | |

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01102005 Chg-NP CR2E037 (10/03)

Applied For

Not Applicable

FL

Zip Code