FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 744

(0)

Secretary of State

FILED

Apr 23 1998 8:00am

MIAMI PALMETTO BAND PATRONS' ASSOCIATION, INC.										
Principal Place	of Business	Mailing Add	dress				1881 8181 0100 11810 1889 1811 01		FII (IIIII IFFI	
7460 S.W. 118 STREET P.O. BOX 560753					8 Data Inna	reported or Ovelified		 1		
MIAMI FL 33156 MIAMI FL 33156-0753							3. Date Incorporated or Qualified 08/31/1978			
						4. FEI Numb		AF	oplied For	
						59-1	846280	No	ot Applicable	
2. Principal Pla 21	ace of Business	2a. Mailing 26	2a. Mailing Address 26			5. Certificate	of Status Desired	ired \$8.75 Additional Fee Required		
Suite, Apt. (f, Blc.		Suite, Apt. #, etc.				Campaign Financing	\$5.00		
City & State			City & State				d Contribution			
23		 	28			7. Is this nor	7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip		Countr	у	8. This corp	oration owes or has paid th			
24	25	29		30]			Property Tax due June 30.		No	
	9. Name and Address of Curr	ent Registered Ag	ent	81	Name	10. Name an	d Address of New Registe	area Agent		
	A 4 4 10 10 4 4					Jacolyn	Hloures			
STELLE, SANDRA L					Street #		umber is Not Acceptable)			
6881 S.W. 75 TERRACE				83		7260 5	w 129 St.			
SOUTH MIAMI FL 33143										
				84	City	Miami		FL 85 70 3	Code	
11. Pursuant t	o the provisions of Sections 617.0	502 and 617.1508,	Florida Statute:	s, the abov	/e-named		this statement for the purpo	ose of changing it	ts registered	
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	Jacolyn (i)	Iwarea	-				4/1	4/98		
	Signalure, typed or printed pame of registered of		. (NOTE:		ent signature	required when reinstating)	S/CHANGES TO OFFICERS	ATÉ /	S IN 12	
12.	PD OFFICERS A	ND DIRECTORS	DELETE	13. 1.1 TITLE		15.8		Change	RS IN 12	
TITLE	SCHROLL, SANDRA	1	A Deteri	1,2 NAME		Alvace . E	and Jarolyn 129 St.	- Community		
NAME STREET ADDRESS	7440 SW 136TH ST				T ADDRESS	72.60 SW	129 St.		8	
CITY-ST-ZIP	MIAMI FL			1.4 CITY-		MIAMI, FL	_	•	3	
TITLE	VD		DELETE	2.1 TITLE		√ 8. ′		Change	Addition	
NAME	STROUD, BARBARA		•	2.2 NAME	: [for Mi	TAUS	•	ŀ	
STREET ADDRESS	16015 SW 98 CT			2.3 STREE	T ADDRESS		JW-144 (1.		ľ	
CITY-ST-ZIP	MIAMI FL			2. 4 CITY	- ST - ZIP		FL 33186			
TITLE	TD		DELETE	3.1 TITLE		TD	C.H.	Change	Addition	
NAME	WHEELER, DAN			3.2 NAME		State Shay	sw 1675t.			
STREET ADDRESS	7801 S.W. 180 STREET				T ADDRESS		1.FL 33157	_		
CITY-ST-ZIP	MIAMI FL 33157 SD		DELETE	3.4. CITY		SO	1, FL 33737	Change	Addition	
TITLE	STELLE, SANDRA L	,	octore	4.2 NAM	i	al. b. a	Roberton	7		
NAME STREET ADDRESS	6861 S.W. 75 TERRACE				ET ADORESS	1702450	v 79 Ct.			
CITY-ST-ZIP	SOUTH MAIMI FL 33143			4.4 CITY		Mianil	CL 33157			
TITLE	000111 11111111111111111111111111111111		DELETE	5.1 TITLE				☐ Change	Addition	
NAME				5.2 NAME	:					
STREET ADDRESS				5.3 STREE	ET ADORESS				j	
CHY-ST-ZIP				5.4 CITY	ST-ZIP					
TITLE			DELETE	6.1 TITLE				☐ Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				6.3 STREE	et address					
CITY-ST-ZIP				6.4 CITY	ST-ZIP	J = 6	OVO Flade Statute 15 de	har applif , that th	n information	
I 14. Thereby o	ertify that the information supplied	with this filing doe	s not quality to	r the exem	ption state	ia in Section 119.0/(οχιή, πιοτισα statutes. L'IUNI	ier ceriny mai me	3 INFORMATION	

4. 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.

SIGNATURE: Oacolyn alwarez

1/14/98 251-8/68