FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703901 (9)

1. Corporation Name

AUBURNDALE BAND PATRONS, INC

Principal Place of Business	Mailing Address
125 NORTH PRADO P.O. BOX 921 AUBURNDALE FL 33823	125 NORTH PRADO P.O. BOX 921 AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1962
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2372052 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CRANE, JAMES
2155 HELWYN ROAD
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	SLAUGHTER, PAM	12 NAME	
STREET ADDRESS	116 SUGAR CREEK ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CRANE, JAMES	22 NAME	400001413917-4
STREET ADDRESS	2155 HELWYN ROAD	23 STREET ADDRESS	-03/24/95--01063--011
CITY-ST-ZIP	AUBURNDALE FL	24 CITY-ST-ZIP	****130.00 ****130.00
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	REEDER, CAROL	32 NAME	Hypes, Charlene
STREET ADDRESS	1200 BURLINGTON COURT	33 STREET ADDRESS	1944 Foxhollow Dr
CITY-ST-ZIP	AUBURNDALE FL	34 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MILLS, JUDY	42 NAME	
STREET ADDRESS	HIGHWAY 559 NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	3/23/95 mlf
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Charlene K Hypes 3-15-95 813-965-5494
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #