

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703901 (9)

1. Corporation Name

AUBURNDAL BAND PATRONS, INC



Principal Place of Business

125 NORTH PRADO
P.O. BOX 921
AUBURNDAL FL 33823

Mailing Address

125 NORTH PRADO
P.O. BOX 921
AUBURNDAL FL 33823

3. Date Incorporated or Qualified

04/17/1962

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2372052

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CRANE, JAMES~~
~~2155 HELWYN ROAD~~
~~AUBURNDAL FL 33823~~

JUDY MILLS
358 Summer PLACE
Auburndale FL
33823

81

Name JUDY MILLS

82

Street Address (P.O. Box Number is Not Acceptable)
358 Summer PLACE

83

84

City Auburndale

FL

85

Zip Code 33823

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

Judy Mills

Judy Mills

04-22-96

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SLAUGHTER, PAM	
STREET ADDRESS	116 SUGAR CREEK ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DELETE
NAME	CRANE, JAMES	
STREET ADDRESS	2155 HELWYN ROAD	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HYPES, CHARLENE	
STREET ADDRESS	1944 FOXHOLLOW DR.	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	PD <input checked="" type="checkbox"/>	<input type="checkbox"/> DELETE
NAME	MILLS, JUDY	
STREET ADDRESS	HIGHWAY 559 NORTH	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD Deborah	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEBORAH STEWART	
1.3 STREET ADDRESS	111 SEVILLA ST	
1.4 CITY-ST-ZIP	AUBURNDAL, FL	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PORTER, MARK	
2.3 STREET ADDRESS	342 BAY STREET	
2.4 CITY-ST-ZIP	AUBURNDAL, FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOWELL, CHARLENE	
3.3 STREET ADDRESS	610 HOWARD ROAD	
3.4 CITY-ST-ZIP	AUBURNDAL, FL	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MILLS, JUDY	
4.3 STREET ADDRESS	HIGHWAY 559 NORTH	
4.4 CITY-ST-ZIP	AUBURNDAL, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(b), 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:

Judy Mills

JUDY MILLS

04-22-96

Date

Daytime Phone #

944 853-1000

CR2E037 (12/95)