2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90005 012 ****61.25

54000589

DOCUMENT# 721700

1. EntityName
UMATILLA BAND AIDES ASSOCIATION, INC.

PrincipalPlaceofBusiness	MailingAddress
TROWELL AVE P.O. BOX 1601 UMATILLA, FL 32784	TROWELL AVE P.O. BOX 1601 UMATILLA, FL 32784

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

01122004 Chg-NP CR2E037 (10/03)

4. FEINumber ~~APPLIED FOR~~ 44-2068730 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
PANTKE, DAWN E 320 N TROWELL AVE UMATILLA, FL 32784	Name Mark Bailey StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE Mark D. Bailey 1/12/04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

Make check payable to Florida Department of State

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN10	
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	SD LEE, THERESA 45802 PALM ST PAISLEY, FL 32767	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	TD WILSON, KIM 58 ROSE AVE UMATILLA, FL 32784	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	DVP FALCONER, PAMELA 42528 MAGGIE JONES RD. PAISLEY, FL 32767	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	D FRY, BRENDA 22450 WILL MURPHY RD. UMATILLA, FL 32784	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	D QUINN, LOIS 43651 GRACIE DR. PAISLEY, FL 32767	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD LOCKE, WES PO BOX 1173 UMATILLA, FL 32784	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. Ihereby 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 d 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: Wesley D Locke Wesley D Locke 1/12/04 352-669-3275
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#