


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90017 022 \*\*\*\*61.25

<b>DOCUMENT # 703901</b> 1. Entity Name <b>AUBURNDALE BAND PATRONS, INC</b>					
Principal Place of Business <b>125 NORTH PRADO P.O. BOX 921 AUBURNDALE, FL 33823</b>			Mailing Address <b>125 NORTH PRADO P.O. BOX 921 AUBURNDALE, FL 33823</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2372052</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HASLEY, CHARLENE 675 EAST HAINES BLVD LK ALFRED, FL 33850</b>					
7. Name and Address of New Registered Agent Name <b>Donna Roberts</b> Street Address (P.O. Box Number is Not Acceptable) <b>212 Elmer street</b> City <b>Auburndale</b> <b>FL</b> Zip Code <b>33823</b>					
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 <i>Donna J. Roberts</i> <b>Donna Roberts</b> <b>1/25/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>WOMBLE, MARGE</b> <input type="checkbox"/> Delete <b>P.O. BOX 921</b> <b>AUBURNDALE, FL 33823</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PORTER, DEBBY</b> <input type="checkbox"/> Delete <b>110 HALES RD</b> <b>AUBURNDALE, FL 33823</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BANFIELD, CONNIE</b> <input type="checkbox"/> Delete <b>702 WOODROW DRIVE</b> <b>AUBURNDALE, FL 33823</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>HARTSFIELD, CLIFF</b> <input type="checkbox"/> Delete <b>912 HILLGROVE LANE</b> <b>AUBURNDALE, FL 33823</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>margaret wellman</b> <b>5480 Citrus Hill Dr</b> <b>POIK City FL 33868</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Donna Roberts</b> <b>212 Elmer street</b> <b>Auburndale FL 33823</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Cliff Hartsfield</b> <b>912 Hillgrove Lane</b> <b>Auburndale FL 33823</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jeff Dentel</b> <b>1970 ARIANA Blvd</b> <b>Auburndale FL 33823</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: Margaret Wellman Margaret Wellman 1/25/06 863-576-3011</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					