2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

DOCUMENT # 703901 1. Entity Name AUBURNDALE BAND PATRONS, INC					03-24-2008 90061 043 ****61.25				
Principal Place of Business Mailing Address AUBURNDALE SR. BAND P.O. BOX 921 1 BLOODHOUND TRAIL AUBURNDALE, FL 33823 AUBURNDALE, FL 33823					#31 68 (A) 8 (3)(2 8 2)	BI JIDI BIBNI BIBNI BIR	Dil Afali Biri bir	3 401 å1 130 1	
Principal Place of Business - No P.O. Box #									
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E0	37 (12/06)		
City & State	City & State		<u> </u>	4. FEI Numbe 59-237				oplied For ot Applicable	
Zip Country	Zip	Cou	untry	5. Certificate	of Status Desire	ed [\$8.75 Add Fee Require		
6. Name and Address of Currer	t Registered Agent	== ; .			Address of Ne	w Registered	Agent		
ROBERTS, DONNA			Name Gregory Shell						
212 ELMER ST			Street Address (P.O. Box Number is Not Acceptable) 110 Accepta Sheres Drive						
AUBURNDALE, FL 33823			1,12	TO AFTERIA PAGES PRIVE					
			City Aub	Auburndale FL 33823					
The above named entity submits this statement the obligations of registered agent. SIGNATURE SIGNATURE	for the purpose of changing its a	registere	ed office or re	egistered agent, or bot	h, in the State o		familiar with,	and accept	
Signature, typed or prifiled name of registered age	nt and title if applicable. (NOTE	: Regislere	d Agent signature	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	t		
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14. I nereby 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MONATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

03/20/08 863-968-0589