

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703901

Entity Name: AUBURNDALE BAND PATRONS, INC**Current Principal Place of Business:**AUBURNDALE SR. BAND
1 BLOODHOUND TRAIL
AUBURNDALE, FL 33823**Current Mailing Address:**P.O. BOX 921
AUBURNDALE, FL 33823**FEI Number:** 46-1155887**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, TINA W.
AUBURNDALE SR. BAND
1 BLOODHOUND TRAIL
AUBURNDALE, FL 33823 US*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.***SIGNATURE:** TINA W. SMITH

02/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DAVIS, JENNIFER
Address P.O. BOX 921
City-State-Zip: AUBURNDALE FL 33823

Title VP
Name LUGO, MICHELLE
Address P.O. BOX 921
City-State-Zip: AUBURNDALE FL 33823

Title TREASURER
Name SMITH, TINA W.
Address P.O. BOX 921
City-State-Zip: AUBURNDALE FL 33823

Title CONCESSIONS MANAGER
Name DAVIS, MICHAEL
Address P.O. BOX 921
City-State-Zip: AUBURNDALE FL 33823

Title SECRETARY
Name ANDREWS, DAWN
Address P.O. BOX 921
City-State-Zip: AUBURNDALE FL 33823

Title PARENT VOLUNTEER COORDINATOR
Name GORALL, KELLY
Address P.O. BOX 921
City-State-Zip: AUBURNDALE FL 33823

Title FUNDRAISING COORDINATOR
Name EKBLAD, HEATHER
Address P.O. BOX 921
City-State-Zip: AUBURNDALE FL 33823

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TINA W SMITH

TREASURER

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date