

**2023 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:**TREASURER  
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:** JENNIFER HAYES

01/22/2023

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	BENNETT, VALERIE
Address	P.O. BOX 921
City-State-Zip:	AUBURNDALE FL 33823

Title	PARENT VOLUNTEER
Name	GORALL, KELLY
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

01/22/2023

Electronic Signature of Signing Officer/Director Detail

Date