

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009112

Entity Name: MIRAMAR PATRIOT BAND AND AUXILIARY BOOSTER, INC.**Current Principal Place of Business:**8645 WILSHIRE DRIVE
MIRAMAR, FL 33025**Current Mailing Address:**PO BOX 848215
PEMBROKE PINES, FL 33084 US**FEI Number: 86-1116298****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUCRAN, PATRICIA
8645 WILSHIRE DRIVE
MIRAMAR, FL 33025 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:** PATRICIA DUCRAN

04/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DUCRAN, PATRICIA
Address 8645 WILSHIRE DRIVE
City-State-Zip: MIRAMAR FL 33025

Title VP
Name POWELL, DEBBIE
Address 18921 SW 29TH COURT
City-State-Zip: MIRAMAR FL 33029

Title 2ND VP
Name CLARKE, RALSTON
Address 10301 SW 20TH STREET
City-State-Zip: MIRAMAR FL 33025

Title TREASURER
Name MULLINS, ANTHONY
Address 12856 SW 28TH STREET
City-State-Zip: MIRAMAR FL 33027

Title SECRETARY
Name MALIKA, ABDURRAHMAN
Address 3416 BAHAMAS DRIVE
City-State-Zip: MIRAMAR FL 33023

Title PARLIAMENTARIAN
Name YOUSAF, MELVA
Address 6941 SW 27TH COURT
City-State-Zip: MIRAMAR FL 33023

Title ASST. TREASURER
Name HARRISON, CHERYL
Address 14052 SW 54TH STREET
City-State-Zip: MIRAMAR FL 33027

Title ASST. SECRETARY
Name FRASER, NATALIE
Address 2401 DUNHILL AVE
City-State-Zip: MIRAMAR FL 33025

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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: PATRICIA DUCRAN

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST PARLIAMENTARIAN
Name	SAUNDERS, MAHALA
Address	13420 NW 4TH STREET
City-State-Zip:	PEMBROKE PINES FL 33028