

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005473

Entity Name: THE BATTLE OF THE BANDS, INC.**Current Principal Place of Business:**234 EAST CAMPHOR STREET
AVON PARK, FL 33825**Current Mailing Address:**234 EAST CAMPHOR STREET
AVON PARK, FL 33825**FEI Number:** 47-4210229**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FEENEY, ANNA M
234 EAST CAMPHOR STREET
AVON PARK, FL 33825 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FEENEY, ANNA M
Address 234 EAST CAMPHOR STREET
City-State-Zip: AVON PARK FL 33825

Title VP
Name WEISER, DEBRA
Address 234 EAST CAMPHOR STREET
City-State-Zip: AVON PARK FL 33825

Title CHAPLAIN
Name UNDERWOOD, GARY DEAN
Address 234 EAST CAMPHOR STREET
City-State-Zip: AVON PARK FL 33825

Title TREASURER
Name JACKSON, LEAH JUNE
Address 234 EAST CAMPHOR STREET
City-State-Zip: AVON PARK FL 33825

Title SARGENT AT ARMS
Name BRYANT, DONNA
Address 234 EAST CAMPHOR STREET
City-State-Zip: AVON PARK FL 33825

Title EVENT SITE COORDINATOR
Name KNIGHT, CHRISTOPHER JOHN
Address 234 EAST CAMPHOR STREET
City-State-Zip: AVON PARK FL 33825

Title YOUTH COORDINATOR
Name OLDFIELD, SAVANNAH
Address 234 EAST CAMPHOR STREET
City-State-Zip: AVON PARK FL 33825

Title IT CHAIR
Name LUGO, CASSANDRA
Address 234 EAST CAMPHOR STREET
City-State-Zip: AVON PARK FL 33825

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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: ANNA FEENEY**PRESIDENT****03/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	HERCHICK, MICHELLE
Address	234 EAST CAMPHOR STREET
City-State-Zip:	AVON PARK FL 33825