

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703901 (9)

1. Corporation Name  
**AUBURDALE BAND PATRONS, INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**125 NORTH PRADO  
P.O. BOX 921  
AUBURDALE FL 33823**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/17/1962** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2372052** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CRANE, JAMES  
2155 HELWYN ROAD  
AUBURDALE FL 33823**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS	
TITLE	<b>SD</b>
NAME	<b>SLAUGHTER, PAM</b>
STREET ADDRESS	<b>116 SUGAR CREEK ROAD</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>PD</b>
NAME	<b>CRANE, JAMES</b>
STREET ADDRESS	<b>2155 HELWYN ROAD</b>
CITY - ST - ZIP	<b>AUBURDALE FL</b>
TITLE	<b>TD</b>
NAME	<b>REEDER, CAROL</b>
STREET ADDRESS	<b>1200 BURLINGTON COURT</b>
CITY - ST - ZIP	<b>AUBURDALE FL</b>
TITLE	<b>V</b>
NAME	<b>MILLS, JUDY</b>
STREET ADDRESS	<b>HIGHWAY 559 NORTH</b>
CITY - ST - ZIP	<b>AUBURDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>4000014383174</b>
23. STREET ADDRESS	<b>-03/24/95--01063--011</b>
24. CITY - ST - ZIP	<b>****130.00 ****130.00</b>
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>TD</b>
33. STREET ADDRESS	<b>HYPES, Charlene</b>
34. CITY - ST - ZIP	<b>1944 Foxhollow DR</b>
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlene Hypes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-95** **813-965-5494**  
Date Telephone #