

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 703901 (9)

1. Corporation Name

AUBURNDAL BAND PATRONS, INC



Principal Place of Business

125 NORTH PRADO  
P.O. BOX 921  
AUBURNDAL FL 33823

Mailing Address

125 NORTH PRADO  
P.O. BOX 921  
AUBURNDAL FL 33823

3. Date Incorporated or Qualified

04/17/1962

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2372052

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRANE, JAMES  
2155 HELWYN ROAD  
AUBURNDAL FL 33823

JUDY MILLS  
358 Summer PLACE  
Auburndale FL  
33823

81

Name JUDY MILLS

82

Street Address (P.O. Box Number is Not Acceptable)  
358 Summer PLACE

83

84

City AUBURNDAL

FL

85 Zip Code 33823

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Judy Mills

Judy Mills

04-22-96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | SD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | SLAUGHTER, PAM       |                                            |
| STREET ADDRESS | 116 SUGAR CREEK ROAD |                                            |
| CITY-ST-ZIP    | WINTER HAVEN FL      |                                            |
| TITLE          | PD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | CRANE, JAMES         |                                            |
| STREET ADDRESS | 2155 HELWYN ROAD     |                                            |
| CITY-ST-ZIP    | AUBURNDAL FL         |                                            |
| TITLE          | TD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | HYPES, CHARLENE      |                                            |
| STREET ADDRESS | 1944 FOXHOLLOW DR.   |                                            |
| CITY-ST-ZIP    | AUBURNDAL FL 33823   |                                            |
| TITLE          | PD                   | <input type="checkbox"/> DELETE            |
| NAME           | MILLS, JUDY          |                                            |
| STREET ADDRESS | HIGHWAY 559 NORTH    |                                            |
| CITY-ST-ZIP    | AUBURNDAL FL         |                                            |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

13.

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | SD Deborah            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | DEBORAH STEWART       |                                                                              |
| 1.3 STREET ADDRESS | 111 SEVILLA ST        |                                                                              |
| 1.4 CITY-ST-ZIP    | AUBURNDAL, FL         |                                                                              |
| 2.1 TITLE          | TD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | PORTER, MARK          |                                                                              |
| 2.3 STREET ADDRESS | 342 BAY STREET        |                                                                              |
| 2.4 CITY-ST-ZIP    | AUBURNDAL, FL         |                                                                              |
| 3.1 TITLE          | V                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | HOWELL, CHARLENE      |                                                                              |
| 3.3 STREET ADDRESS | 610 HOWARD ROAD       |                                                                              |
| 3.4 CITY-ST-ZIP    | AUBURNDAL, FL         |                                                                              |
| 4.1 TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | MILLS, JUDY           |                                                                              |
| 4.3 STREET ADDRESS | HIGHWAY 559 NORTH     |                                                                              |
| 4.4 CITY-ST-ZIP    | AUBURNDAL, FL         |                                                                              |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                       |                                                                              |
| 5.3 STREET ADDRESS |                       |                                                                              |
| 5.4 CITY-ST-ZIP    |                       |                                                                              |
| 6.1 TITLE          | 600001920646          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | -08/13/96--01126--008 |                                                                              |
| 6.3 STREET ADDRESS | ***61.25              |                                                                              |
| 6.4 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judy Mills

JUDY MILLS

04-22-96

944 853-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)