SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 703901 (9)

1. Corporation Name
AUBURNDALE BAND PATRONS, INC

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1962
3a. Date of Last Report: 08/13/1996
4. FEI Number: 59-2372052 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLS, JUDY
358 SUMMER PLACE
AUBURNDALE 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	STEWART, DEBORAH		1.2 NAME	KATHY HALL	
STREET ADDRESS	111 SEVILLA ST.		1.3 STREET ADDRESS	350 RENSSALAER AVE	
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-ST-ZIP	AUBURNDALE, FL 33823	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, MARK		2.2 NAME		
STREET ADDRESS	342 BAY ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	HOWELL, CHARLENE		3.2 NAME	RUNNELS, LARRY	
STREET ADDRESS	610 HOWARD RD.		3.3 STREET ADDRESS	615 TODHUNTER WAY	
CITY-ST-ZIP	AUBURNDALE FL		3.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	MILLS, JUDY		4.2 NAME	Judy Mills	
STREET ADDRESS	HWY. 559 NORTH		4.3 STREET ADDRESS	358 Summer Place Dr	
CITY-ST-ZIP	AUBURNDALE FL		4.4 CITY-ST-ZIP	Auburndale, FL 33823	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 9-11-97 941-853-1000