

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90040 016 ****61.25

DOCUMENT # 703901 1. Entity Name AUBURNDALE BAND PATRONS, INC					
Principal Place of Business 125 NORTH PRADO P.O. BOX 921 AUBURNDALE, FL 33823			Mailing Address 125 NORTH PRADO P.O. BOX 921 AUBURNDALE, FL 33823		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2372052	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HASLEY, CHARLENE 675 EAST HAINES BLVD LK ALFRED, FL 33850			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOMBLE, MARGE P.O. BOX 921 AUBURNDALE, FL 33823		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, TERRY 701 HARDY WAY AUBURNDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Porter, Debby 110 Hales Rd Auburndale, Fl. 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCBRAYER, DENNIE 557 SOMERSET AUBURNDALE, FL 33823		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Banfield, Connie 702 Woodrow Dyne Auburndale FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASLEY, CHARLENE 675 EAST HAINES BLVD LAKE ALFRED, FL 33850		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					