2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90017 022 ****61.25

DOCUMENT # 703901

1. Entity 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

01252006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$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: Donna Roberts
Street Address (P.O. Box Number is Not Acceptable)
212 Elmer street
City: Auburndale **FL** Zip Code: 33823

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: Donna J. Roberts Donna Roberts 1/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Margaret Wellman 5480 Citrus Hill Dr Polk City fl 33868	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PORTER, DEBBY 110 HALES RD AUBURNDALE, FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Donna Roberts 212 Elmer street Auburndale fl 33823	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BANFIELD, CONNIE 702 WOODROW DRIVE AUBURNDALE, FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cliff Hartsfield 912 Hillgrove Lane Auburndale fl 33823	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARTSFIELD, CLIFF 912 HILLGROVE LANE AUBURNDALE, FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jeff Dentel 1970 ARIANA Blvd Auburndale fl 33823	☒ 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 exemptions contained in Chapter 119, 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: Margaret Wellman Margaret Wellman 1/25/06 863-576-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #