## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

706907

(3)

DUNEDIN PIPE AND DRUM CORPS, INC.

| DUNEUIN PIPE AND DRUM CONFS, INC.   |   |   |                     |   |   |   |
|---|---|---|---------------------|---|---|---|
| Principal Place of Business   |   | Mailing Address   |                     |   |   | I (00)   1808/ 00/10 01/10 10   100   100   010   010   010   010   010   010   010   010   010   010   010 |
| CITY OF DUNEDIN PIPE BAND INC<br>P O BOX 452<br>DUNEDIN FL 34697-0452   |   | CITY OF DUNEDIN PIPE BAND INC<br>P O BOX 452<br>DUNEDIN FL 34697-0452 |                     |   |   |   |
| puregrave ovor ove  |   |   |                     |   |   | 3. Date Incorporated or Qualified 02/27/1964 3a. Date of Last Report 04/25/1996                             |
| 2. Principal Pi<br>21   | lace of Business  | 2a. Mailing Address 26  |                     |   |   | 4. FEI Number 23-7152894 Applied For Not Applicable   |
| Suite, Apt.   |   | Suite, Apt. #, etc.   |                     |   |   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required   |
| City & State  |   | City & State  |                     |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees |   |
| Zip   | Country   |   |                     | untry                                   |   | 8. This corporation has liability for intangible tax under s. 199.032,  Florida Statules XNo                |
| 24  | 25   29   30  <br>9. Name and Address of Current Registered Agent |   | [30]                | Т                                       |   | Florida Statutes LJ Yes X No 10. Name and Address of New Registered Agent                                   |
| 8. Haille and Address of Current neglistered Agent  |   |   |                     | 81                                      | Name  | 10. Hallo dilo Adalogo of Holl Hogistova Agont  |
| RUSH, DANETTE M.  |   |   |                     |   |   |   |
|   | DUGLAS AVE.   |   |                     | 82                                      | Street Ad   | ddress (P.O. Box Number is Not Acceptable)  |
| DUNEDIN FL 34698  |   |   |                     | 83                                      |   |   |
|   |   |   |                     | 84                                      | City  | FL 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 |   |   |                     |   |   |   |
| Signature, typed or printed harne of registered agent a  12. OFFICERS AND D   |   |   |                     |   | nt signaturo rec  | quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                 |
| TITLE   | TD OF TOURS AINE  | DELETE  |                     | 1.1 TITLE                               |   | Change Addition   |
| NAME  | RUSH, DANETTE   |   |                     | 1.2 NAME                                |   |   |
| STREET ADDRESS  | 2049 DOUGLAS AVENUE   | UGLAS AVENUE 1.3  |                     | TREET                                   | ADDRESS   |   |
| CITY-ST-ZIP   | DUNEDIN FL  |   | 1.4 C               | ITY-S                                   | T - ZIP   |   |
| TITLE   | PD  | DELETE  | 2.1 T               | ITLE                                    |   | Change Addition   |
| NAME  | MARSHALL, WILLIAM   |   | 2.2 N               | AME                                     |   |   |
| STREET ADDRESS  | 6501 4TH STREET SOUTH   |   | 2.3 STREET AD       |   | ADDRESS   |   |
| CITY-ST-ZIP   |   |   |                     |   | ST - ZIP  |   |
| TITLE   | VD  | ☐ DELETE  | 3.1 T               |   |   | Change Addition   |
| NAME  | KENNEDY, ROBERT<br>561 MARJON AVENUE                              |   | 3.2 NAME            |   |   |   |
| STREET ADDRESS  | Mail 10 STEPS (A.S. 1994  |   | B.                  | 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP |   |   |
| CITY+ST-ZIP<br>TITLE  |   |   | 3.4. (<br>4.1 T     |   | ST-ZIP  | ☐ Change ☐ Addition   |
| NAME  | BLOK, WILDA   |   | 4. 2 NAME           |   |   | Orlange Modified  |
| STREET ADDRESS  | 4703 WRENTHAM PLACE   |   | 4.3 STREET          |   | ADDRESS   |   |
| CITY-ST-ZIP   | PALM HARBOR FL  |   | 4.4 CITY - 5        |   |   |   |
| TITLE   | · · thii i v ii th Vii i la                                       | ☐ DELETE  |                     |   |   | Change Addition   |
| NAME  |   | —   | 5.2 NAME            |   |   |   |
| STREET ADDRESS  |   |   | 5.3 STREET ADDRESS  |   | ADORESS   |   |
| CITY-ST-ZIP   |   |   | 5.4 CITY - ST - ZIP |   |   | İ   |
| TITLE   |   | ☐ DELETE  |                     |   |   | Change Addition   |
| NAME  |   |   | 6.2 N               | AME                                     |   |   |
| STREET ADDRESS  |   |   | 6.3 S               | TREE 1                                  | ADDRESS   |   |

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 suppliemental 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 in changed, or on an aftachment with an address.