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FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706907** (3)

1. Corporation Name

DUNEDIN PIPE AND DRUM CORPS, INC.

Principal Place of Business

Mailing Address

CITY OF DUNEDIN PIPE BAND INC
P O BOX 452
DUNEDIN FL 34697-0452

CITY OF DUNEDIN PIPE BAND INC
P O BOX 452
DUNEDIN FL 34697-0452



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

3. Date Incorporated or Qualified

02/27/1964

4. FEI Number

23-7152894

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSH, DANETTE M.
2049 DOUGLAS AVE.
DUNEDIN FL 34698

81 Name **DOUGLASS O. WHITE**
82 Street Address (P.O. Box Number is Not Acceptable)
2550 STAG RUN BLVD. APT 1032
83
84 City **CLEARWATER** FL 85 Zip Code **33765**

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  Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, DANETTE	1.2 NAME	CARL DOYLE
STREET ADDRESS	2049 DOUGLAS AVENUE	1.3 STREET ADDRESS	1881 FLORIDA AVE.
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, WILLIAM	2.2 NAME	BETH SHOCKLEY
STREET ADDRESS	6501 4TH STREET SOUTH	2.3 STREET ADDRESS	4705 AZALEA WAY S.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33706
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, ROBERT	3.2 NAME	DOUG WHITE
STREET ADDRESS	561 MARJON AVENUE	3.3 STREET ADDRESS	2550 STAG RUN BLVD APT 1032
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOK, WILDA	4.2 NAME	REGINE KERSEY
STREET ADDRESS	4703 WRENTHAM PLACE	4.3 STREET ADDRESS	2244 WOOD ST.
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  DOUGLASS O. WHITE 1-19-98 725-5022

CR2E037 (10/97)