2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am **DOCUMENT # 706907 Secretary of State** 1. Entity Name 02-25-2004 90032 036 ****61.25 DUNEDIN PIPE AND DRUM CORPS, INC. Principal Place of Business Mailing Address PO BOX 452 DUNEDIN FL 34697-0452 PO BOX 452 24011414 DUNEDIN FL 34697-0452 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 23-7152894 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Danette Kush DEIMLING, BRIAN S Street Address (P.O. Box Number is Not Acceptable) 1616 AMBARLEA DR. S. #303 **DUNEDIN FL 34698** Zip Code 33763 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President TITLE Delete TITLE RUSH, DANETTE Carl Doyle NAME MAME 500 NEW YORK AVE., #18 1119 Carlton Rd STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** CITY - ST - 7(F CITY-ST-ZIP Turpon Springs, FL 34689 Vice President TITLE Delete TITLE Addition B. Anderson GIESOW, HEATHER Jeffrey B. Ander 3546 Town Aug NAME NAME 2650 COUNTRYSIDE BLVD., C-203 STREET ADDRESS STREET ADDRESS New Port Richey, FL 34655 Treasurer / Secretary MCM Donette Rush Kokoris. 2214 Riviera Dr CLEARWATER FL 33761 CITY-ST-ZIP TITLE Delete Addition KERSEY, REGINE -NAME 819 LYNDHURST STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** clearwater, FL 33763 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition DEIMLING, BRIAN S NAME NAAAE 1616 AMBERLEA DR. S. STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED