

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 721700 (3)**

1. Corporation Name

**UMATILLA BAND AIDES ASSOCIATION, INC.**



Principal Place of Business

TROWELL AVE  
P.O. BOX 1601  
UMATILLA FL 32784

Mailing Address

TROWELL AVE  
P.O. BOX 1601  
UMATILLA FL 32784

3. Date Incorporated or Qualified  
**09/15/1971**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**44-2068130**

Applied For  
Not Applicable

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27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKE, DEAN J.  
40314 W 7TH AVENUE  
UMATILLA FL 32784

81 Name

**Mythen, Scott**

82 Street Address (P.O. Box Number is Not Acceptable)

**17814 Palm Street**

83

84 City

**Umatilla**

**FL**

85 Zip Code

**32784**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-18-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME HARTMAN, MARTHA  
STREET ADDRESS 537 N UMATILLA BLVD  
CITY-ST-ZIP UMATILLA FL

11 TITLE PD ☐ Change ☒ Addition  
12 NAME Faryna, Maria  
13 STREET ADDRESS 40323 Babb Road  
14 CITY-ST-ZIP Umatilla, FL

TITLE VD ☒ DELETE  
NAME OWENS, PHILIP  
STREET ADDRESS 16022 CR 450  
CITY-ST-ZIP UMATILLA FL

21 TITLE VD ☐ Change ☒ Addition  
22 NAME Schichtel, Terry  
23 STREET ADDRESS 106 Wingfield Drive  
24 CITY-ST-ZIP Umatilla, FL

TITLE SD ☒ DELETE  
NAME LOCKE, DEAN  
STREET ADDRESS 40314 W 7TH AVENUE  
CITY-ST-ZIP UMATILLA FL

31 TITLE SD ☐ Change ☒ Addition  
32 NAME Jobe, Debbie  
33 STREET ADDRESS 421 Bayless Street  
34 CITY-ST-ZIP Umatilla, FL

TITLE TD ☒ DELETE  
NAME LOVEDAY, BEVERLY  
STREET ADDRESS EAST ROAD  
CITY-ST-ZIP PAISLEY FL

41 TITLE TD ☐ Change ☒ Addition  
42 NAME Cromer, Lila  
43 STREET ADDRESS 74 Lakeside Ave.  
44 CITY-ST-ZIP Umatilla, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Lila Cromer** *Lila Cromer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

352/669-1465

Date

Daytime Phone #

CR2E037 (12/95)