

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 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 # 721700 (3)

1. Corporation Name

UMATILLA BAND AIDES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

TROWELL AVE
P.O. BOX 1801
UMATILLA FL 32784

TROWELL AVE
P.O. BOX 1801
UMATILLA FL 32784

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

09/15/1971

4. FEI Number

44-2068130

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

LOCKE, DEAN
40314 W 7TH AVE
UMATILLA FL 32784

81 Name

Locke, Wesley

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

557 Winogene Avenue

83

84 City

Umatilla

FL

85 Zip Code

32784

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Wesley Locke

Wesley Locke

1/14/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FARYNA, MARIA
STREET ADDRESS 40323 BABB ROAD
CITY-ST-ZIP UMATILLA FL

☒ DELETE

TITLE VD
NAME SCHICHEL, TERRY
STREET ADDRESS 106 WINGFIELD DRIVE
CITY-ST-ZIP UMATILLA FL

☐ DELETE

TITLE SD
NAME MCGONIGAL, BONNIE
STREET ADDRESS 45041 HWY 19 N
CITY-ST-ZIP ALTOONA FL

☐ DELETE

TITLE TD
NAME CROMER, LILA
STREET ADDRESS 74 LAKESIDE AVE
CITY-ST-ZIP UMATILLA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
CAROL Mc NALLY
18330 Demko Road
Altosna, FL 32702

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD
JAMES Yearwood
19651 Dorr Road
Altosna, FL 32702

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

JAMES S. YEARWOOD

1/6/98

669-8348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001204

CR2E037 (10/97)