

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90005 012 ****61.25

DOCUMENT# 721700 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number APPLIED FOR 44-2065130	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PANTKE, DAWN E 320 N TROWELL AVE UMATILLA, FL 32784			7. Name and Address of New Registered Agent Name Mark Bailey Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 obligation of registered agent.					
SIGNATURE <i>Mark H. Bailey</i> 1/12/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when re-instating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEE, THERESA 45802 PALM ST PAISLEY, FL 32767	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILSON, KIM 58 ROSE AVE UMATILLA, FL 32784	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FALCONER, PAMELA 42528 MAGGIE JONES RD. PAISLEY, FL 32767	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRY, BRENDA 22450 WILL MURPHY RD. UMATILLA, FL 32784	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINN, LOIS 43651 GRACIE DR. PAISLEY, FL 32767	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOCKE, WES PO BOX 1173 UMATILLA, FL 32784	☐ Delete			
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 being empowered.			SIGNATURE: <i>Wesley D. Locke</i> 1/12/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone#		

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