

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90261 009 ****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

20001368



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
44-2068130

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, MARK
320 N TROWELL AVE
UMATILLA, FL 32784

Name

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 obligations of registered agent.

SIGNATURE

Mark D. Bailey
Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2006

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

TITLE SD ☐ Delete
NAME LEE, THERESA
STREET ADDRESS 45802 PALM ST
CITY-ST-ZIP PAISLEY, FL 32767

TITLE TD ☐ Delete
NAME WILSON, KIM
STREET ADDRESS 58 ROSE AVE
CITY-ST-ZIP UMATILLA, FL 32784

TITLE DVP ☒ Delete
NAME FALCONER, PAMELA
STREET ADDRESS 42528 MAGGIE JONES RD.
CITY-ST-ZIP PAISLEY, FL 32767

TITLE D ☐ Delete
NAME QUINN, LOIS
STREET ADDRESS 43651 GRACIE DR.
CITY-ST-ZIP PAISLEY, FL 32767

TITLE PD ☐ Delete
NAME TANNER, SHARON
STREET ADDRESS 21502 PARADISE WAY
CITY-ST-ZIP EUSTIS, FL 32736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME Judy Wunsch
STREET ADDRESS 590 N Central Ave
CITY-ST-ZIP Umatilla, FL 32784

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Judy Wunsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

Date

352669-6471

Daytime Phone #