2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 20, 2007 8:00 am
Secretary of State
01-18-2007 90112 002 ****61.25

DOCUMENT # 721700

1. Entity Name
UMATILLA BAND AIDES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
TROWELL AVE P.O. BOX 1601 UMATILLA, FL 32784	TROWELL AVE P.O. BOX 1601 UMATILLA, FL 32784

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
320 N Trowell Ave	P.O. Box 1601
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Umatilla Fl	City & State: Umatilla Fl
Zip: 32784 Country: USA	Zip: 32784 Country: USA

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number: 44-2068130 ☐ Applied For ☐ Not Applicable

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 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	DVP LEE, THERESA 45802 PALM ST PAISLEY, FL 32767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, KIM 58 ROSE AVE UMATILLA, FL 32784	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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	DVP Henderson, Kathy 17920 Beach St Umatilla Fl 32784	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINN, LOIS 43651 GRACIE DR. PAISLEY, FL 32767	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TANNER, SHARON 21502 PARADISE WAY EUSTIS, FL 32736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WUNSCG, JUDY 590 N CENTRAL AVE. UMATILLA, FL 32784	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Kim Wilson Treasurer 2/15/07 352-669-6474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #