

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721700

FILED
Jul 29, 2009
Secretary of State

Entity Name: UMATILLA BAND AIDES ASSOCIATION, INC.

Current Principal Place of Business:

320 N TROWELL AVE
P.O. BOX 1601
UMATILLA, FL 32784

New Principal Place of Business:

320 N TROWELL AVE
UMATILLA, FL 32784

Current Mailing Address:

PO BOX 1601
P.O. BOX 1601
UMATILLA, FL 32784

New Mailing Address:

320 N TROWELL AVE
UMATILLA, FL 32784

FEI Number: 44-2068130 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAILEY, MARK
320 N TROWELL AVE
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, THERESA
Address: 45802 PALM ST
City-St-Zip: PAISLEY, FL 32767

Title: TD () Delete
Name: WILSON, KIM
Address: 58 ROSE AVE
City-St-Zip: UMATILLA, FL 32784

Title: DVP () Delete
Name: HENDERSON, KATHY
Address: 17920 BEACH ST
City-St-Zip: UMATILLA, FL 32784

Title: SD () Delete
Name: SIGLER, MISTY
Address: P.O. BOX 824
City-St-Zip: ALTOONA, FL 327029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORMAN, KEVIN
Address: 42718 LAKE HOSPITALITY LN.
City-St-Zip: ALTOONA, FL 32702

Title: TD (X) Change () Addition
Name: PEARCE, AMANDA
Address: 41648 PARADISE RD.
City-St-Zip: DELAND, FL 32720

Title: DVP (X) Change () Addition
Name: HARRISON, JUDY
Address: 42203 FONSECA LN.
City-St-Zip: DELAND, FL 32720

Title: SD (X) Change () Addition
Name: SIGLER, MISTY
Address: P.O. BOX 824
City-St-Zip: ALTOONA, FL 32702

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA PEARCE

TD

07/29/2009

Electronic Signature of Signing Officer or Director

Date