

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90003 049 ****70.00

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1. Entity Name
BRONCO BAND PATRONS ASSOCIATION, INC.



Principal Place of Business
**2351 SE 12TH AVE.
BAND ROOM
HOMESTEAD, FL 33034 US**

Mailing Address
**2351 SE 12TH AVE.
BAND ROOM
HOMESTEAD, FL 33035 US**



07122004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-2514976

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DODSON, BARBARA
2351 SE 12 AVENUE
BAND ROOM
HOMESTEAD, FL 33033**

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IN THIS SPACE**

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

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DODSON, BARBARA
13100 SW 260 ST
HOMESTEAD, FL 33032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DAWSON, CATHY
60 NE 9 ST APT 105
HOMESTEAD, FL 33032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRUHN, LINDA
24942 SW 129 PLACE
HOMESTEAD, FL 33032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HAYNES, MICHAEL
27256 SW 121 CT
HOMESTEAD, FL 33032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 empowered.

SIGNATURE: Barbara Dodson BARBARA Dodson 7/12/04 305-257-2945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #