


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N07658	
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
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02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2514976

☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DODSON, BARBARA 2351 SE 12 AVENUE BAND ROOM HOMESTEAD, FL 33033
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**DO NOT WRITE
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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	DODSON, BARBARA
STREET ADDRESS	13100 SW 260 ST
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	SD
NAME	DAWSON, CATHY
STREET ADDRESS	60 NE 9 ST APT 105
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	PD
NAME	BRUHN, LINDA
STREET ADDRESS	24942 SW 129 PLACE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	VD
NAME	HAYNES, MICHAEL
STREET ADDRESS	27256 SW 121 CT
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000439958
03/02/06-80019-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Barbara Dodson BARBARA Dodson 2/17/06 305-2572945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #