

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
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



02012007 No Chg-NP

CR2E037 (4/06)

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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 May 1, 2007**

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

U00000738945
05/14/07-80005-015 61.25

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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 TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/07 365-257945