2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# N21729

Entity Name: FLORIDA BANDMASTERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

C/O DUANE L HENDON
11951 NE 52ND PLACE RD
SILVER SPRINGS, FL 34488 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1028
SILVER SPRINGS, FL 344891028 US

New Mailing Address:

FEI Number: 59-2318742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDON, DUANE L
11951 NE 52ND PLACE RD
SILVER SPRINGS, FL 34488 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:	THORNTON, PAULA	
Address:	4842 NW 28TH PL.	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	PP	( ) Delete
Name:	ROADMAN, D R	
Address:	110 N CARMELITE ST	
City-St-Zip:	PORT SAINT LUCIE, FL 3493	
Title:	PE	( ) Delete
Name:	FULTON, CHARLES	
Address:	619 SOMERSET LOOP	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	ED	( ) Delete
Name:	HENDON, DUANE L	
Address:	11951 NE 52ND PLACE RD	
City-St-Zip:	SILVER SPRINGS, FL 34488	
Title:	D	( ) Delete
Name:	BIRDWELL, JAMIE	
Address:	170 DERBY WOODS DRIVE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	FULTZ, DAVID	
Address:	2133 EDGEWATER CIRCLE SE	
City-St-Zip:	WINTER HAVEN, FL 33880	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: DUANE L. HENDON ED 04/09/2006

Electronic Signature of Signing Officer or Director — Date