

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

05-03-2004 90698 022 ****61.25

DOCUMENT # N47470 1. Entity Name MARCHING COUGAR BAND PATRONS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 160864 MIAMI, FL 33116-0864 US			Mailing Address P.O. BOX 160864 MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03262004 Chg-NP CR2E037 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 65-0237207	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANKEL, ALAN 12313 SW 123RD TERRACE MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVERDING, PATRICIA		NAME	DAVID BARN DOLLAR	
STREET ADDRESS	8602 SW 102 STREET		STREET ADDRESS	8900 SW 103rd Avenue	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	Miami, FL 33176	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, ALAN		NAME		
STREET ADDRESS	12313 SW 123RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDGINS, LIZ		NAME	SUZANNE M. Tatham	
STREET ADDRESS	10965 SW 138TH STREET		STREET ADDRESS	10226 SW 77th Court	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Miami, Florida 33156	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, RICHARD		NAME		
STREET ADDRESS	8260 SW 96TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WONG, ANYANDA		NAME	Juan Castro	
STREET ADDRESS	14362 SW 154TH STREET		STREET ADDRESS	10798 N Kendall Drive #A1	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	Miami, Florida 33176	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUISICO, DEBBIE		NAME	FLO LANIO	
STREET ADDRESS	10425 SW 132 COURT		STREET ADDRESS	9360 SW 102 Ct.	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, Florida 33176	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <u>Alan Frankel</u> <u>Alan Frankel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/04 (305) 588-4500 <small>Date Daytime Phone #</small>		

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