

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90080 024 ****70.00

DOCUMENT # N98000001620

1. Entity Name
GATOR BAND PATRONS ASSOCIATION, INC.



Principal Place of Business
**9451 SW 64TH ST
MIAMI, FL 33173**

Mailing Address
**9451 SW 64TH ST
MIAMI, FL 33173**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005 Chg-NP CR2E037 (10/03)

4. FEI Number **54-2158486**
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMANO, MARLENE
9201 S.W. 100 AVENUE ROAD
MIAMI, FL 33176

Name **Ileana Perez**
Street Address (P.O. Box Number is Not Acceptable)
9641 SW 66 St.
City **Miami, FL** Zip Code **33173**

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 **Ileana Perez**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/05
DATE

Filing Fee is \$81.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **PHILLIPS, ANA**
STREET ADDRESS **10620 SW 93 STREET**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **V** ☐ Delete
NAME **MARCO, MARIA**
STREET ADDRESS **6411 SW 106TH AVE**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **SD** ☒ Delete
NAME **ROMANO, MARLENE**
STREET ADDRESS **9201 SW 100 AVE RD**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **T** ☒ Delete
NAME **VASALLO, PILAR**
STREET ADDRESS **4112 SW 98TH AVE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Maria Marco**
STREET ADDRESS **6411 SW 106 Ave.**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **T** ☐ Change ☒ Addition
NAME **Nacri Miyares**
STREET ADDRESS **9790 SW 68 St.**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **TD** ☐ Change ☒ Addition
NAME **Ana Cannero**
STREET ADDRESS **5020 SW 89 Place**
CITY-ST-ZIP **Miami, FL 33165**

TITLE **VD** ☐ Change ☒ Addition
NAME **Ileana Perez**
STREET ADDRESS **9641 SW 66 St.**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **MD/D** ☐ Change ☒ Addition
NAME **Susan Lichtman**
STREET ADDRESS **8491 SW 85 St.**
CITY-ST-ZIP **Miami, FL 33143**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 (305) 519-3655
Date Daytime Phone #