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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 1999 8:00 am
Secretary of State
06-28-1999 90003 003 ****61.25

DEPARTMENT OF STATE

DOCUMENT # N98000007321

1. Corporation Name

SOUTH DADE BAND & ORCHESTRA PATRONS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
28401 SW 167TH AVE. HOMESTEAD FL 33031	~~28401 SW 167TH AVE.~~ ~~HOMESTEAD FL 33031~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 PO BOX 924400	12/24/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☒ Applied For ☐ Not Applicab
City & State 23	City & State 28 PRINCETON FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33157 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRACHER, DOUGLAS J ESQ. 317 N. KROME AVE. HOMESTEAD FL 33030	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D/PRESIDENT	☒ Change ☐ Additi
NAME	ELY, TIMOTHY		1.2 NAME	SCHULTZ, DUANE	
STREET ADDRESS	28401 SW 167TH AVE.		1.3 STREET ADDRESS	28401 SW 167TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031		1.4 CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	☐ DELETE	2.1 TITLE	D/VICE PRESIDENT	☒ Change ☒ Additi
NAME	SCHULTZ, DUANE		2.2 NAME	BARBARA PRUITT	
STREET ADDRESS	28401 SW 167TH AVE.		2.3 STREET ADDRESS	28401 SW 167TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031		2.4 CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	☒ DELETE	3.1 TITLE	D/SECRETARY	☒ Change ☒ Additi
NAME	KNOWLES, LINDA		3.2 NAME	LAURA LATHER	
STREET ADDRESS	28401 SW 167TH AVE.		3.3 STREET ADDRESS	28401 SW 167TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031		3.4 CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		☐ DELETE	4.1 TITLE	D/TREASURER	☒ Change ☒ Additi
NAME			4.2 NAME	LYNN CLOW	
STREET ADDRESS			4.3 STREET ADDRESS	28401 SW 167TH AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Additio
NAME			5.2 NAME	CONNIE MATA	
STREET ADDRESS			5.3 STREET ADDRESS	28401 SW 167TH AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Duane SIGNATURE REQUIRED DUANE E. SCHULTZ 6/25/99 305-247-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #