


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90105 040 ****70.00

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1. Entity Name
BUCCANEER MUSIC PATRONS ASSOCIATION, INC.



Principal Place of Business
**28401 SW 167TH AVE.
 HOMESTEAD, FL 33031**

Mailing Address
**P O BOX 924400
 PRINCETON, FL 33157**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



03122004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0937724

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FULMER, CHRIS
 22195 SW 252 ST
 HOMESTEAD, FL 33031**

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

Filing Fee is \$61.25 Due by May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FULMER, CHRIS		NAME TURKE, GIL	
STREET ADDRESS 22195 SW 252 ST		STREET ADDRESS 28401 SW 167 AVE	
CITY-ST-ZIP HOMESTEAD, FL 33031		CITY-ST-ZIP HOMESTEAD, FL 33031	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAN RYN, VICTORIA		NAME	
STREET ADDRESS 24080 SW 157 AVE		STREET ADDRESS	
CITY-ST-ZIP HOMESTEAD, FL 33031		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMLIN, PATRICIA A		NAME	
STREET ADDRESS 27635 SW 167 AVE		STREET ADDRESS	
CITY-ST-ZIP HOMESTEAD, FL 33031		CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUGGS, ISABEL		NAME	
STREET ADDRESS 15880 SW 252ND ST		STREET ADDRESS	
CITY-ST-ZIP HOMESTEAD, FL 33031		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMERO, ALICIA		NAME TURKE, ANITA	
STREET ADDRESS 28401 SW 167 AVE		STREET ADDRESS 28401 SW 167 AVE	
CITY-ST-ZIP HOMESTEAD, FL 33031		CITY-ST-ZIP HOMESTEAD, FL 33031	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Isabel M. Suggs* **ISABEL M. SUGGS** **4/12/04** **436-4528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #