## 2005 NOT-FOR-PROFIT CORPORATION

## Feb 28, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N98000007321 02-28-2005 90203 012 \*\*\*\*70.00 BUCCANEER MUSIC PATRONS ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 924400 28401 SW 167TH AVE. HOMESTEAD, FL 33031 PRINCETON, FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132005 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 65-0937724 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FULMER, CHRIS Street Address (P.O. Box Number is Not Acceptable) 22195 SW 252 ST HOMESTEAD, FL 33031 Zip Code City 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) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE TURKE, GIL NAME NAME STREET ADDRESS 28401 SW 167 AVE STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-ZIP Addition D ☐ Delete TITLE Change TITLE VAN RYN, VICTORIA NAME 24080 SW 157 AVE STREET ADDRESS STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-ZIP ח Defete TITLE ☐ Change ☐ Addition TOMLIN, PATRICIA A NAME NAME STREET ADDRESS 27635 SW 167 AVE STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-ZIP DT Delete TITLE ☐ Change Addition TITLE SUGGS, ISABEL NAME 15880 SW 252ND ST STREET ADDRESS STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE TURKE, ANITA NAME STREET ADORESS STREET ADDRESS 28401 SW 167 AVE HOMESTEAD, FL 33031 CITY-ST-ZIP CITY-ST-ZIP

FILED

Change

Addition

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 all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP