2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/15/2006-90004-049-$61.25-$61.25

FILED

06 OCT -5 AM 10: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007321

1. Entity Name
BUCCANEER MUSIC PATRONS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
28401 SW 167TH AVE. HOMESTEAD, FL 33031	P O BOX 924400 PRINCETON, FL 33157

08102006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 Ana M. Lopez

Street Address (P.O. Box Number is Not Acceptable)

1039 NE 3 AVE

City Homestead FL Zip Code 33030

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

Filing Fee is $61.25
Due by September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURKE, GIL 28401 SW 167 AVE HOMESTEAD, FL 33031	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President BARBARA JOHNSON 13989 SW 280 Terr Homestead, Fl 33030	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN RYN, VICTORIA 24080 SW 157 AVE HOMESTEAD, FL 33031	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ana M. Lopez 1039 NE 3 AVE Homestead, Fl 33030	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMLIN, PATRICIA A 27635 SW 167 AVE HOMESTEAD, FL 33031	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-Sec LINDA THOMAS 13915 SW 174 Terr. Miami Fl 33177	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SUGGS, ISABEL 15880 SW 252ND ST HOMESTEAD, FL 33031	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Deneen Elder 19800 SW 180 AVE Lot 559 Miami, Fl 33187	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURKE, ANITA 28401 SW 167 AVE HOMESTEAD, FL 33031	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Iliani Perez 16921 SW 298 St Homestead Fl. 33030	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ana M. Lopez 10/4/06 (305)910-1910
SIGNATURE OF, TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 10/10