2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000007321

To FILED

Jun 07, 2007

Secretary of State

Entity Name: BUCCANEER MUSIC PATRONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

28401 SW 167TH AVE. HOMESTEAD, FL 33031

Current Mailing Address: New Mailing Address:

P O BOX 924400 PRINCETON, FL 33157

FEI Number: 65-0937724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOPEZ, ANA M

1039 NE 3 AVENUE

HOMESTEAD, FL 33030 US

THOMAS, LINDA J

13915 SW 174 TERRACE

MIAMI, FL FL US

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.

SIGNATURE: LINDA THOMAS 06/07/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 JOHNSON, BARBARA
 Name:
 THOMAS, LINDA J

 Address:
 13989 SW 280 TERRACE
 Address:
 13915 SW 174 TERRACE

Address: 13989 SW 280 TERRACE Address: 13915 SW 174 TERRACI

City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: MIAMI, FL 33177 US

Title: P () Delete Title: VP (X) Change () Addition Name: LOPEZ, ANA M Name: BROOKS, TERRENCE A

 Address:
 1039 NE 3 AVENUE
 Address:
 13915 SW 174 TERRACE

 City-St-Zip:
 HOMESTEAD, FL 33030 US
 City-St-Zip:
 MIAMI, FL 33177 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 THOMAS, LINDA
 Name:
 MOORE, THEOLA

 Address:
 13915 SW 174 TERRACE
 Address:
 18145 SW 154 PLACE

 City-St-Zip:
 MIAMI, FL 33177 US
 City-St-Zip:
 MIAMI, FL 33187 US

Title: T () Delete Title: () Change () Addition

 Name:
 FARRES, VERLYNN
 Name:

 Address:
 25250 SW 145 AVENUE
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33187 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA THOMAS P 06/07/2007