2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007321

FILED Jun 01, 2009 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 P O BOX 924512 PRINCETON, FL 33157 PRINCETON, FL 33157 45 FEI Number: 65-0937724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, LINDA J 13915 SW 174 TERRACE MIAMI, FL FL 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete THOMAS, LINDA J Name: Name: Address: 13915 SW 174 TERRACE Address: City-St-Zip: MIAMI, FL 33177 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BROOKS, TERRENCE A Name: Address: 13915 SW 174 TERRACE Address: City-St-Zip: MIAMI, FL 33177 US City-St-Zip: Title: (X) Delete Title: () Change () Addition MOORE, THEOLA Name: Name: 18145 SW 154 PLACE Address: Address: City-St-Zip: MIAMI, FL 33187 US City-St-Zip: Title: (X) 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 J THOMAS P 06/01/2009