2004 NOT-FOR-PROFIT CORPORATION

Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # N02000004066 01-29-2004 90088 023 ****61.25 NORTH PORT CONCERT BAND, INC. Principal Place of Business Mailing Address 6400 WEST PRICE BOULEVARD 6400 WEST PRICE BOULEVARD POOFFUL NORTH PORT, FL 34286 NORTH PORT, FL 34286 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-NP CR2E037 (10/03) City & State Applied For City & State FEI Number 72-1525804 Not Applicable 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 MELLOR, CORD C Street Address (P.O. Box Number is Not Acceptable) C/O MELLOR & GRISSINGER, ATTORNEYS AT LAW 13801 SOUTH TAMIAMI TRAIL, SUITE D NORTH PORT, FL 34287 City 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 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 Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete ☐ Change O'BRIEN, JOLENE NAME NAME 3314 MEADOW RUN CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZEP VENICE, FL 34293 CITY-ST-7IP VÑ Delete TITLE TITLE DEWSTOW, JULIE NAME WARD, NORMAN NAME 1649 N SALFORD BLVD STREET ADORESS 438 SPRING LAKE BLUD. STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP T. CHARLOTYË , FL *33952* Ð Addition TITLE ☐ Delete TITLE ☐ Change FADER, DEVERE A NAME NAME STREET ADDRESS 29185 ORANGEWOOD STREET STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33982 CITY-ST-ZIP TITLE TM F ☐ Change Addition ☐ Delete NAME PASCHKE, PETER NAME STREET ADDRESS 14976 LYNEBURG AVE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33981 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE REBELLO ANNA G 1437 RED OAK LANE REBELLO, ANNA G NAME STREET ADDRESS 3055 EASY STREET STREET ADDRESS PT. CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change SCHAEFFER, MARGARET NAME NAME

FILED

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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

215 NATURES WAY

NORTH PORT, FL 34287

olene O'Brien JOLENE SIGNATURE MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachnent

PRATHER, CANDY
23465 HARBORVIEW DR. #642 PUNTA GORDA, FL 33980

#NO 2000 4066 24004365

FADER, JANICE 29185 ORANGEWOOD ST. PUNTA GORDA, FL 33982