


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90042 037 ****61.25

DOCUMENT # N02000004066							
1. Entity Name NORTH PORT CONCERT BAND, INC.							
Principal Place of Business 6400 WEST PRICE BOULEVARD NORTH PORT, FL 34286			Mailing Address 6400 WEST PRICE BOULEVARD NORTH PORT, FL 34286				
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 72-1525804			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MELLOR, CORD C C/O MELLOR & GRISSINGER, ATTORNEYS AT LAW 13801 SOUTH TAMIAMI TRAIL, SUITE D NORTH PORT, FL 34287			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	O'BRIEN, JOLENE		NAME	BURT BRONSON			
STREET ADDRESS	3314 MEADOW RUN CIR		STREET ADDRESS	316 SALT CREEK DR.			
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	NORTH PORT, FL 34287			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PRATHER, CANDICE		NAME	D JAN FADER			
STREET ADDRESS	23465 HARBORVIEW DR #692		STREET ADDRESS	29185 ORANGEWOOD ST.			
CITY-ST-ZIP	PUNTA GORDA, FL 33980		CITY-ST-ZIP	PUNTA GORDA, FL 33982			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FADER, DEVERE A		NAME				
STREET ADDRESS	29185 ORANGEWOOD STREET		STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA, FL 33982		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASCHKE, PETER		NAME				
STREET ADDRESS	14976 LYNEBURG AVE		STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOSBURGH, MIRIAM		NAME				
STREET ADDRESS	5659 HOLIDAY PK BLVD		STREET ADDRESS				
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAEFFER, MARGARET		NAME				
STREET ADDRESS	215 NATURES WAY		STREET ADDRESS	2228 PONCE de LEON BLVD			
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	NORTH PORT, FL 34287			
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: <u>Jolene C. O'Brien</u>		Date: <u>2/2/06</u>		Daytime Phone #: <u>941-496-9388</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			