

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90047 027 ****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

40016598



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 72-1525804

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MELLOR, CORD C
C/O MELLOR & GRISSINGER, ATTORNEYS AT LAW
13801 SOUTH TAMiami TRAIL, SUITE D
NORTH PORT, FL 34287

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

Filing Fee is \$81.25
Due by May 1, 2007

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 PD
 NAME O'BRIEN, JOLENE
 STREET ADDRESS 3319 MEADOW RUN CIR
 CITY-ST-ZIP VENICE, FL 34293 Delete

TITLE P/T(D)
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE D
 NAME BRONSON, BURT
 STREET ADDRESS 316 SALT CREEK DR.
 CITY-ST-ZIP NORTH PORT, FL 34287 Delete

TITLE (SD)
 NAME PARTRIDGE, CINDY
 STREET ADDRESS 504 EPPINGER DR.
 CITY-ST-ZIP PT. CHARLOTTE, FL 33953 Change Addition

TITLE D
 NAME FADER, DEVERE A
 STREET ADDRESS 29185 ORANGWOOD STREET
 CITY-ST-ZIP PUNTA GORDA, FL 33982 Delete

TITLE (D)
 NAME ZENOR, MALINDA
 STREET ADDRESS 9770 S.W. CTY. RD. 769
 CITY-ST-ZIP #323 ARCADIA, FL 34269 Change Addition

TITLE D
 NAME PASCHKE, PETER
 STREET ADDRESS 14976 LYNEBURG AVE
 CITY-ST-ZIP PORT CHARLOTTE, FL 33981 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE TD
 NAME VOSBURGH, MIRIAM
 STREET ADDRESS 5659 HOLIDAY PK BLVD
 CITY-ST-ZIP NORTH PORT, FL 34287 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE D
 NAME SCHAEFFER, MARGARET
 STREET ADDRESS 2228 PONCE DE LEON BLVD.
 CITY-ST-ZIP NORTH PORT, FL 34287 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: Jolene E. O'Brien (JOLENE E. O'BRIEN) 2/11/07 941-996-9358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #