

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004066

FILED
Apr 23, 2009
Secretary of State

Entity Name: NORTH PORT CONCERT BAND, INC.

Current Principal Place of Business:

6400 WEST PRICE BOULEVARD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

6400 WEST PRICE BOULEVARD
NORTH PORT, FL 34286

New Mailing Address:

3314 MEADOW RUN CIRCLE
VENICE, FL 34293 US

FEI Number: 72-1525804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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:

Title: VT () Delete
Name: O'BRIEN, JOLENE
Address: 3314 MEADOW RUN CIR
City-St-Zip: VENICE, FL 34293

Title: P () Delete
Name: SKOWYRA, JOAN
Address: 3334 PURPLE MARTIN DR #126
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: FADER, DEVERE A
Address: 29185 ORANGEWOOD STREET
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: SKOWYRA, JOE
Address: 3334 PURPLE MARTIN DR #126
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: PARTRIDGE, CINDY
Address: 504 EPPINGER DR
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: ZENOR, MALINDA
Address: 4300 RIVERSIDE DR #171
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOLENE E. O'BRIEN

TREA

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date