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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N35295 (7)

1. Corporation Name  
CHARLOTTE COUNTY CONCERT BAND, INC.



Principal Place of Business Mailing Address  
C/O BERGER, SIDNEY, E  
2542 RIO LISBO COURT  
PUNTA GORDA FL 33950  
US

3. Date Incorporated or Qualified 11/16/1989  
3a. Date of Last Report 01/24/1996

2. Principal Place of Business 2a. Mailing Address  
21 C/O Peggy J. Mock 26 C/O Peggy J. Mock  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 21293 Coachman Ave 27 21293 Coachman Ave  
City & State City & State  
23 Port Charlotte, FL 28 Port Charlotte, FL  
Zip Country Zip Country  
24 33952 25 USA 29 33952 30 USA

4. FEI Number 65-0246735 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

BERGER, SIDNEY E  
2542 RIO LISBO COURT  
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name Mock, Peggy J  
82 Street Address (P.O. Box Number is Not Acceptable) 21293 Coachman Ave  
83  
84 City Port Charlotte, FL 85 Zip Code 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Peggy J. Mock Peggy J. Mock 4/18/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BERGER, SIDNEY E
STREET ADDRESS	2542 RIO LISBO COURT
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ELGIN, LESTER
STREET ADDRESS	22 OAKLAND HILLS AVE.
CITY-ST-ZIP	ROTONDA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CONKLIN, SARA
STREET ADDRESS	147 POINSETTA CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MOCK, PEGGY
STREET ADDRESS	21292 COACHMAN AVENUE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NEW, PHYLLIS
STREET ADDRESS	25188 MARION AVENUE, F409
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VERDUIN, ELWOOD
STREET ADDRESS	1492 AQUI ESTA
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mock, Peggy J.
1.3 STREET ADDRESS	21293 Coachman Ave
1.4 CITY-ST-ZIP	Port Charlotte, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fred Capitelli
3.3 STREET ADDRESS	56 Pinehurst Pl
3.4 CITY-ST-ZIP	Rotunda West, FL 33947
4.1 TITLE	Cornell Codrean TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	831 Jarvis St N.W
4.4 CITY-ST-ZIP	Port Charlotte, FL 33948
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chet Mientus
5.3 STREET ADDRESS	18702 Countryman Ave
5.4 CITY-ST-ZIP	Port Charlotte, FL 33948
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggy J. Mock SIGNATURE REQUIRED Mock 4/18/97 941-225-0170  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0067586

CR2E037 (9/96)