


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35295 (7)
 1. Corporation Name
CHARLOTTE COUNTY CONCERT BAND, INC.



Principal Place of Business C/O PEGGY J. MOCK 21293 COACHMAN AVE PORT CHARLOTTE FL 33952 US	Mailing Address C/O PEGGY J. MOCK 21293 COACHMAN AVE. PORT CHARLOTTE FL 33952 US
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3. Date Incorporated or Qualified
11/16/1989

4. FEI Number
65-0246735

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip Country	29 Zip Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MOCK, PEGGY J
21293 COACHMAN AVE.
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name **Peggy J. Mock**

82 Street Address (P.O. Box Number is Not Acceptable)
21293 Coachman Ave

83 **Port Charlotte**

84 City **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MOCK, PEGGY J	1.2 NAME	Chet Mientus
STREET ADDRESS	21293 COACHMAN AVE.	1.3 STREET ADDRESS	18702 Countryman Ave
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	VD	2.1 TITLE	
NAME	ELGIN, LESTER	2.2 NAME	
STREET ADDRESS	22 OAKLAND HILLS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	CAPITELLI, FRED	3.2 NAME	
STREET ADDRESS	56 PINEHURST PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	CODREAN, CORNELL	4.2 NAME	
STREET ADDRESS	831 JARVIS ST. N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MIENTUS, CHET	5.2 NAME	
STREET ADDRESS	18702 COUNTRYMAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	VERDUIN, ELWOOD	6.2 NAME	
STREET ADDRESS	1492 AQUI ESTA	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	

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14. 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 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* *3/27/98* *21293 Coachman Ave*

CR2E037 (10/97)