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04-01-1999 90054 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35295

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/16/1989

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

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

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

83

84 City

FL

85 Zip Code

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
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 28, 1999
 DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME MOCK, PEGGY J
 STREET ADDRESS 21293 COACHMAN AVE.
 CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VD DELETE
 NAME ELGIN, LESTER
 STREET ADDRESS 22 OAKLAND HILLS AVE.
 CITY-ST-ZIP ROTONDA FL

TITLE SD DELETE
 NAME CAPITELLI, FRED
 STREET ADDRESS 56 PINEHURST PL
 CITY-ST-ZIP ROTONDA WEST FL

TITLE TD DELETE
 NAME CODREAN, CORNELL
 STREET ADDRESS 831 JARVIS ST. N.W.
 CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D DELETE
 NAME MIENTUS, CHET
 STREET ADDRESS 18702 COUNTRYMAN AVE
 CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME *SD Vosburgh, Miriam*
 3.3 STREET ADDRESS *4841 Anapa Ct. Holiday Park*
 3.4 CITY-ST-ZIP *Northport, FL 34287*

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Peggy J. Mock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/98

Date

941-625-0170

Daytime Phone #

CR2027 (1/1/98)