

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N35295

Entity Name: CHARLOTTE COUNTY CONCERT BAND, INC.

Current Principal Place of Business:

C/O PEGGY J. MOCK
21293 COACHMAN AVE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

CHARLOTTE COUNTY CONCERT BAND
21293 COACHMAN AVE
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

C/O PEGGY J. MOCK
21293 COACHMAN AVE.
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 65-0246735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCK, PEGGY J
21293 COACHMAN AVE.
PORT CHARLOTTE, FL 33952 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: PD () Delete
Name: MOCK, PEGGY J
Address: 21293 COACHMAN AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952
- Title: VD () Delete
Name: ELGIN, LESTER
Address: 22 OAKLAND HILLS AVE.
City-St-Zip: ROTONDA, FL 33947
- Title: SD () Delete
Name: VOSBURGH, MIRIAM
Address: 6841 ANAPA CT. HOLIDAY PARK
City-St-Zip: NORTHPORT, FL 34287
- Title: TD () Delete
Name: CODREAN, CORNELL
Address: 831 JARVIS ST. N.W.
City-St-Zip: PORT CHARLOTTE, FL 33948
- Title: D () Delete
Name: MIENTUS, CHET
Address: 18702 COUNTRYMAN AVE
City-St-Zip: PORT CHARLOTTE, FL 33948
- Title: D () Delete
Name: VOSBUCH, GEORGE
Address: 6841 AMADA CT., HOLIDAY PARK
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: VD (X) Change () Addition
Name: CANDICE, PRATHER
Address: 23465 HARBORVIEW RD. 3642
City-St-Zip: PORT CHARLOTTE, FL 33980
- Title: SD (X) Change () Addition
Name: VOSBURGH, MIRIAM
Address: 5659 HOLIDAY PARK BLVD
City-St-Zip: NORTHPORT, FL 34287
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: D (X) Change () Addition
Name: FREDERICKSEN, GERRY
Address: 232 TORRINGTON ST
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PEGGY J. MOCK

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date