


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90106 049 ****61.25

DOCUMENT # N35295
1. Entity Name
CHARLOTTE COUNTY CONCERT BAND, INC.



Principal Place of Business Mailing Address
CHARLOTTE COUNTY CONCERT BAND **C/O PEGGY J. MOCK**
21293 COACHMAN AVE **21293 COACHMAN AVE.**
PORT CHARLOTTE FL 33952 **PORT CHARLOTTE FL 33952**
US **US**

00028752



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0246735** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MOCK, PEGGY J
21293 COACHMAN AVE.
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOCK, PEGGY J 21293 COACHMAN AVE. PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANDICE, PRATHER 23465 HARBORVIEW RD. 3642 PORT CHARLOTTE FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOSBURGH, MIRIAM 5659 HOLIDAY PARK BLVD NORTHPORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CODREAN, CORNELL 831 JARVIS ST. N.W. PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIENTUS, CHET 18702 COUNTRYMAN AVE PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICKSEN, GERRY 232 TORRINGTON ST PORT CHARLOTTE FL 33954	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Pete Paschke 14976 Lynching Ave Port charlotte, FL 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Vosburgh - Director 5659 Holiday Park Blvd Northport FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & Director Donna Gentry 1300 River Rd C-72 Venice FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy J. Mock Peggy J. Mock 2/26/05 94-625-0170
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #