

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:15

DOCUMENT # N36869 (8)

1. Corporation Name

PORT ST. LUCIE COMMUNITY BAND, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
% ROBERT CRUZ SR  
766 S.E. ESSEX DR  
PORT ST LUCIE FL 34984

3. Date Incorporated or Qualified 02/26/1990  
3a. Date of Last Report 02/01/1994

4. FEI Number 65-0264161  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26

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

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State 28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CRUZ, ROBERT, SR  
766 S.E. ESSEX DR  
PORT ST LUCIE FL 34984

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ROBERT CRUZ SR. PRESIDENT DATE 1-15-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P5
NAME	CRUZ, ROBERT SR
STREET ADDRESS	766 SE ESSEX DR
CITY- ST- ZIP	PORT ST LUCIE FL
TITLE	D
NAME	CUSEO, CHARLES
STREET ADDRESS	649 S. W. BELMONT CT
CITY- ST- ZIP	PORT ST. LUCIE FL
TITLE	D
NAME	NICKERSON, JOHN
STREET ADDRESS	919 NE JUNIPER PLACE
CITY- ST- ZIP	JENSEN BCH FL
TITLE	D
NAME	BORGSTROM, ELNAR
STREET ADDRESS	2783 S. W. MARIPOSA CIR
CITY- ST- ZIP	PALM CITY FL
TITLE	D
NAME	ELWOOD, KINNEY
STREET ADDRESS	147 NE SHARYON CIRCLE
CITY- ST- ZIP	JENSEN BCH. FL
TITLE	S
NAME	DECKER, LEON
STREET ADDRESS	107 S W PISCES TER
CITY- ST- ZIP	PORT ST. LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Robert Cruz SR. DATE: 1-15-95  
Signature, typed or printed name of reporting officer or director (Note: Signature of President)

#185