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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N36869 (8)

1. Corporation Name

PORT ST. LUCIE COMMUNITY BAND, INC.



Principal Place of Business

Mailing Address

% ROBERT CRUZ, SR
 766 S.E. ESSEX DR
 PORT ST LUCIE FL 34984

% ROBERT CRUZ, SR
 766 S.E. ESSEX DR
 PORT ST LUCIE FL 34984-5233

3. Date Incorporated or Qualified

02/26/1990

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, ROBERT, SR
766 S.E. ESSEX DR
PORT ST LUCIE FL 34984

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	CRUZ, ROBERT SR	
STREET ADDRESS	766 SE ESSEX DR	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUSEO, CHARLES	
STREET ADDRESS	649 S. W. BELMONT CT	
CITY - ST - ZIP	PORT ST. LUCIE FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICKERSON, JOHN	
STREET ADDRESS	919 NE JUNIPER PLACE	
CITY - ST - ZIP	JENSEN BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORGSTROM, ELMAR	
STREET ADDRESS	2783 S. W. MARIPOSA CIR	
CITY - ST - ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELWOOD, KINNEY	
STREET ADDRESS	147 NE SHARYON CIRCLE	
CITY - ST - ZIP	JENSEN BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HINCHCLIFFE, W.	
STREET ADDRESS	607 S. E. CALMOSO DRIVE	
CITY - ST - ZIP	PORT ST. LUCIE FL	

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 does not qualify for the exemption stated in Section 119.07(3)(l), 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97
 DATE

561-340-1839
 DAYTIME PHONE #

0071617

CR2E037 (9/96)