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NONPROFIT CORPORATION ANNUAL REPORT



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

~~1998~~ 1999

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

3. Date Incorporated or Qualified

02/26/1990

4. FEI Number

65-0264161

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 % JOHN B. NICKERSON

26 % JOHN B. NICKERSON

22 Suite, Apt. #, etc.
 919 NE JUNIPER PL.

27 Suite, Apt. #, etc.
 919 NE JUNIPER PL.

23 City & State
 JENSEN BEACH, FL.

28 City & State
 JENSEN BEACH FL.

24 Zip
 34957

25 Country
 USA

29 Zip
 34957

30 Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

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 JOHN B. NICKERSON

82 Street Address (P.O. Box Number is Not Acceptable)
 919 NE JUNIPER PL.

84 City JENSEN BEACH

FL

85 Zip Code 34957

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 *John B. Nickerson, Treasurer*

JOHN B NICKERSON

4-18-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS DELETE
 NAME CRUZ, ROBERT SR
 STREET ADDRESS 766 SE ESSEX DR
 CITY-ST-ZIP PORT ST LUCIE FL

TITLE D DELETE
 NAME CUSEO, CHARLES
 STREET ADDRESS 649 S. W. BELMONT CT
 CITY-ST-ZIP PORT ST. LUCIE FL

TITLE D DELETE
 NAME NICKERSON, JOHN
 STREET ADDRESS 919 NE JUNIPER PLACE
 CITY-ST-ZIP JENSEN BCH FL

TITLE D DELETE
 NAME BORGSTROM, ELMAR
 STREET ADDRESS 2783 S. W. MARIPOSA CIR
 CITY-ST-ZIP PALM CITY FL

TITLE D DELETE
 NAME ELWOOD, KINNEY
 STREET ADDRESS ~~147 NE SHARON CIRCLE~~
 CITY-ST-ZIP ~~JENSEN BCH FL~~

TITLE S DELETE
 NAME HINCHCLIFFE, W.
 STREET ADDRESS 607 S. E. CALMOSO DRIVE
 CITY-ST-ZIP PORT ST. LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

Change Addition

1.1 TITLE P
 1.2 NAME CARLUCCI, ROCCO
 1.3 STREET ADDRESS 2792 SPRUCE RIDGE AVE.
 1.4 CITY-ST-ZIP JENSEN BEACH, FL. 34957

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

3.1 TITLE T Change Addition
 3.2 NAME
 3.3 STREET ADDRESS SAME
 3.4 CITY-ST-ZIP

4.1 TITLE S Change Addition
 4.2 NAME MONAHAN, JAMES
 4.3 STREET ADDRESS 584 SWASTER RD.
 4.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34953

5.1 TITLE V/D Change Addition
 5.2 NAME KINNEY, ELWOOD
 5.3 STREET ADDRESS 332 SW ATLAS TERRACE
 5.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34983

6.1 TITLE D Change Addition
 6.2 NAME
 6.3 STREET ADDRESS SAME
 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.

SIGNATURE: *John B. Nickerson*

JOHN B NICKERSON 4/18/99 516-334-1599-3

CR2E037 (10/97)