2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# N36869

Entity Name: PORT ST. LUCIE COMMUNITY BAND, INC.

Current Principal Place of Business:

C/O JOHN B. NICKERSON
919 NE JUNIPER PL.
JENSON BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

C/O JOHN B. NICKERSON
919 NE JUNIPER PL.
JENSON BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0264161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICKERSON, JOHN B
919 NE JUNIPER PL
JENSEN BEACH, FL 34957

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: D ( ) Delete
Name: SHEA, MAURICE
Address: 534 NW CORTUNA LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P ( ) Delete
Name: TORICK, STEVE
Address: 2051 SW LANCE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ST ( ) Delete
Name: NICKERSON, JOHN
Address: 919 NE JUNIPER PLACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: FREIBERG, EDWARD
Address: 2741 TROPICAL CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete
Name: TORICK, KATE
Address: 2051 SW LANCE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete
Name: HINCHCLIFFE, BILL
Address: 607 S. E. CALMOSO DRIVE
City-St-Zip: PORT ST LUCIE, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN B NICKERSON ST 04/06/2004

Electronic Signature of Signing Officer or Director Date