

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 03, 2008  
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      US

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

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

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

Title: D ( ) Delete  
Name: DISECARE, PAT  
Address: 2432 BORDEAU CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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: D (X) Change ( ) Addition  
Name: DIMITRIFF, DEAN  
Address: 5958 N W BAYNARD DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 NCKERSON

S/T

04/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date