

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36869

FILED
Mar 14, 2012
Secretary of State

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

Current Principal Place of Business:

C/O SUSAN SHARP
8205 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34892 US

New Principal Place of Business:

Current Mailing Address:

C/O SUSAN SHARP
8205 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34892 US

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:

SHARP, SUSAN L
8205 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 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
Name: TORICK, STEVE
Address: 2051 SW LANCE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

Title: T
Name: SHARP, SUSAN L
Address: 8205 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: S
Name: BOWEN, CAROLE
Address: 1761 S. DOVE TAIL DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D
Name: DICESARE, PAT
Address: 2432 BORDEAU CT.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D
Name: STERN, NAT
Address: 341 NETTLES BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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 all other like empowered.

SIGNATURE: SUSAN SHARP

TR

03/14/2012

Electronic Signature of Signing Officer or Director

Date