

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002899 (3)

1. Corporation Name

THE FLORIDA CONCERT BAND, INC.



Principal Place of Business

5505 CENTER ST.
JUPITER FL 33458

Mailing Address

5505 CENTER ST.
JUPITER FL 33458

3. Date Incorporated or Qualified
06/28/1993

3a. Date of Last Report
04/13/1995

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

4. FEI Number

65-0437465

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUELLER, ANN
5505 CENTER ST.
JUPITER FL 33458

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 D ☐ DELETE
NAME BLAHUN, GEORGE
STREET ADDRESS 8879 SE HAWKSBILL WAY
CITY-STATE-ZIP HOBE SOUND FL 33455

1.1 TITLE ☐ Change: ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME ADAIR, ATTWELL
STREET ADDRESS 5832 TIDEWATER DR.
CITY-STATE-ZIP JUPITER FL 33458

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME ADAIR, MARY
STREET ADDRESS 5832 TIDEWATER DR.
CITY-STATE-ZIP JUPITER FL 33458

3.1 TITLE ☐ Change: ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME MUELLER, ANN
STREET ADDRESS 5505 CENTER ST
CITY-STATE-ZIP JUPITER FL 33458

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D ☒ DELETE
NAME ~~VERONEE, KEN~~
STREET ADDRESS ~~18520 126TH TER N~~
CITY-STATE-ZIP ~~JUPITER FL 33478~~

5.1 TITLE ☐ Change: ☒ Addition
5.2 NAME NANCY TATE
5.3 STREET ADDRESS 145 North River Drive, East
5.4 CITY-STATE-ZIP Jupiter, FL 33458

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change: ☒ Addition
6.2 NAME GEORGE SULLIVAN
6.3 STREET ADDRESS 505 OAK TERRACE
6.4 CITY-STATE-ZIP JUPITER, FL 33458

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ann Mueller - Ann Mueller 4/24/96 (407) 746-7501
Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)