PROCTOR, TH 9981 SW 37 TE MIAMI, FL 331	R			
The above name	d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	E: THOMAS PROCTOR		02/21/2019	
	Electronic Signature of Registered Agent		Date	
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	PROCTOR, THOMAS	Name	WOLFE, ALAN C.	
Address	9981 SW 37 TER	Address	P. O. BOX 16-1233	
City-State-Zip:	MIAMI FL 33165-3933	City-State-Zip:	MIAMI FL 33116	
Title	TREASURER	Title	CHAIRMAN	
Name	SIMPKINS, SUE	Name	BLANK-WOLFE, SUSIE	
Address	10041 SW 134TH STREET	Address	P.O. BOX 16-1233	
City-State-Zip:		City-State-Zip:	P.O. BOX 16-1233 MIAMI FL 33116	
ony olate zip.		, ,		
Title	DIRECTOR	Title	DIRECTOR	
Name	HEATH, GARY	Name	PASCUAL-FERNANDEZ, CHRISTINE	
Address	11940 SW 188 TERRACE	Address	22904 SW 105 AVENUE	
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33190-1190	
Title	DIRECTOR	Title	DIRECTOR	
		Name	MISTELE, TIM	
Name	ALEXANDER, BRUCE	Address	,	
Address	10464 S.W. 118TH STREET			
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	CORAL GABLES FL 33156	

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749247

Entity Name: GREATER MIAMI COMMUNITY CONCERT BAND, INC.

Current Principal Place of Business:

9981 SW 37 TER MIAMI, FL 33165-3933

Current Mailing Address:

P.O. BOX 16-1233 MIAMI, FL 33116-1233 US

FEI Number: 59-2099857

Name and Address of Current Registered Agent:

Certificate of Status Desired: Yes

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: THOMAS F PROCTOR

PRESIDENT

Continues on page 2

02/21/2019

FILED Feb 21, 2019 Secretary of State 4450489892CC

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	PARENTE, CARMINE	Name	BUSCEMI, CHARLES P
Address	1131 N.W. 118TH AVE.	Address	1747 SW 16TH TERRACE
City-State-Zip:	PLANTATION FL 33323	City-State-Zip:	MIAMI FL 33145
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR SIMON, KEVIN J.	Title Name	DIRECTOR DWIGHT, DEXTER
Name	SIMON, KEVIN J.	Name	DWIGHT, DEXTER