

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749247

Entity Name: GREATER MIAMI COMMUNITY CONCERT BAND, INC.

FILED
Feb 02, 2021
Secretary of State
5679604217CC

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

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PROCTOR, THOMAS
9981 SW 37 TER
MIAMI, FL 33165-3933 US

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: THOMAS PROCTOR

02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PROCTOR, THOMAS
Address 9981 SW 37 TER
City-State-Zip: MIAMI FL 33165-3933

Title SECRETARY
Name WOLFE, ALAN C.
Address P. O. BOX 16-1233
City-State-Zip: MIAMI FL 33116

Title TREASURER
Name SIMPKINS, SUE
Address 10041 SW 134TH STREET
City-State-Zip: MIAMI FL 33176-6140

Title CHAIRMAN
Name BLANK-WOLFE, SUSIE
Address P.O. BOX 16-1233
City-State-Zip: MIAMI FL 33116

Title DIRECTOR
Name HEATH, GARY
Address 11940 SW 188 TERRACE
City-State-Zip: MIAMI FL 33177

Title DIRECTOR
Name PASCUAL-FERNANDEZ, CHRISTINE
Address 22904 SW 105 AVENUE
City-State-Zip: CUTLER BAY FL 33190-1190

Title DIRECTOR
Name ALEXANDER, BRUCE
Address 10464 S.W. 118TH STREET
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name MISTELE, TIM
Address 10200 CORAL CREEK ROAD
City-State-Zip: CORAL GABLES FL 33156

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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

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PARENTE, CARMINE
Address 1131 N.W. 118TH AVE.
City-State-Zip: PLANTATION FL 33323

Title DIRECTOR
Name DWIGHT, DEXTER
Address 634 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name HARRIET , ALAN
Address 3652 NW 85TH AVENUE
City-State-Zip: COOPER CITY FL 33024

Title DIRECTOR
Name ANDY, LUNA
Address 11846 GREEN OAK DRIVE
City-State-Zip: DAVIE FL 33330