

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008490

Entity Name: HIGHLANDS COUNTY CONCERT BAND, INC.**Current Principal Place of Business:**3820 TANGIER ST.
SEBRING, FL 33872**Current Mailing Address:**3820 TANGIER ST.
SEBRING, FL 33872**FEI Number:** 27-3938820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOTT, GARY A
3820 TANGIER ST.
SEBRING, FL 33872 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D P
Name	HODGES, JOANNE
Address	2652 CANAL RD..
City-State-Zip:	AVON PARK FL 33825

Title	D
Name	HODGDON, LORNA
Address	421 BEAVER RUN ST.
City-State-Zip:	LAKE PLACID FL 33825

Title	D S
Name	JOSSELYN, LYNN
Address	3637 BROKEN ARROW
City-State-Zip:	SEBRING FL 33872

Title	D
Name	PRUNTY, SUSIE
Address	14 HORSESHOE LN.
City-State-Zip:	LAKE PLACID FL 33852

Title	D VP
Name	WELLS, JAMES
Address	2703 SANDY LOAM CT.
City-State-Zip:	SEBRING FL 33875

Title	D T
Name	SCOTT, GARY
Address	3820 TANGIER ST.
City-State-Zip:	SEBRING FL 33872

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: E. JOANNE HODGES**PRESIDENT****03/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date