

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011054

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC6648276438**

**Entity Name:** ORCHID CITY BRASS BANDS, INC.

**Current Principal Place of Business:**

7965 SE MAMMOTH DRIVE  
HOBE SOUND, FL 33455

**Current Mailing Address:**

7965 SE MAMMOTH DRIVE  
HOBE SOUND, FL 33455 US

**FEI Number:** 46-1384073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESTES, JAMES W  
7965 SE MAMMOTH DRIVE  
HOBE SOUND, FL 33455 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:** JAMES W. ESTES

02/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ESTES, JAMES W  
Address 7965 SE MAMMOTH DRIVE  
City-State-Zip: HOBE SOUND FL 33455

Title VP  
Name GIBBLE, DAVID  
Address 8599 CYPRESS SPRINGS RD  
City-State-Zip: LAKE WORTH FL 33467

Title T  
Name BERMANN, JAMES F  
Address 8210 WHITEWOOD COVE EAST  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name PEREZ, RICK  
Address 105 JEANETTE WAY  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name PATSIS, NICHOLAS  
Address 1420 MICHIGAN DR  
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR  
Name SONNTAG, RANDY  
Address 9740 QUAIL TRAIL  
City-State-Zip: JUPITER FL 33478

*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:** JAMES W. ESTES

**PRESIDENT**

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date