

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008519

**Entity Name:** MANATEE CONCERT BAND, INC.**Current Principal Place of Business:**6714 HAVERHILL CT  
LAKEWOOD RANCH, FL 34202**Current Mailing Address:**P.O. BOX 502  
BRADENTON, FL 34206 US**FEI Number:** 47-3623178**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DONATHEN, JAMES  
6714 HAVERHILL CT  
LAKEWOOD RANCH, FL 34202 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 DONATHEN

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BOHLAND, GENE  
Address 4123 MIDNIGHT BLUE RUN  
City-State-Zip: BRADENTON FL 34211

Title DIRECTOR  
Name CLEARY, LYNN  
Address 2811 COOLIDGE AVE  
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR  
Name HAVILL, STACEY  
Address 10027 REAGAN DAIRY TRL  
City-State-Zip: BRADENTON FL 34212

Title VP  
Name KRUEGER, JANET  
Address 390 BIMINI DRIVE  
City-State-Zip: PALMETTO FL 34221

Title PRESIDENT  
Name DONATHEN, JAMES  
Address 6714 HAVERILL CT.  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER  
Name GRAHAM, THOMAS  
Address 6951 DORSET CT  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title SECRETARY  
Name DANIELS, KELLY  
Address 12313 PORTSMOUTH TER  
City-State-Zip: BRADENTON FL 34211

Title DIRECTOR  
Name CERNY, MELINDA  
Address 14417 SILVER TROUT DR  
City-State-Zip: LAKEWOOD RANCH FL 34202

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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:** JAMES D. DONATHEN

PRESIDENT

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CICCONE, KAREN  
Address 1618 STARLING DR  
City-State-Zip: SARSOTA FL 34231

Title DIRECTOR  
Name DAVIS, MELVIN  
Address TO BE SUPPLIED  
City-State-Zip: TO BE SUPPLIED FL

Title DIRECTOR  
Name KNISKERN, KATHLEEN  
Address 6353 PLATEAU CT  
City-State-Zip: BRADENTON FL 34203