2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009538

Entity Name: SAINT AUGUSTINE CONCERT BAND, INC.

Current Principal Place of Business:

43 LEVANTE WAY

SAINT AUGUSTINE. FL 32086

Current Mailing Address:

P O BOX 860134

SAINT AUGUSTINE. FL 32086 US

FEI Number: 47-5143650 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGNANI, GEOFFREY S 43 LEVANTE WAY SAINT AUGUSTINE, FL 32086 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

FILED Jan 26, 2021

Secretary of State

8596652940CC

Officer/Director Detail:

Title DIR Title **PRESIDENT** MAGNANI, GEOFFREY S Name Name JEANES, DON

43 LEVANTE WAY 404 MISTY MORNING LANE Address Address City-State-Zip: SAINT AUGUSTINE FL 32080 SAINT AUGUSTINE FL 32086 City-State-Zip:

Title **TREASURER** Title VΡ

Name KROMBACH, ALFRED MANN, MICHAEL Name

Address P O BOX 360 Address 3501-B NORTH PONCE DE LEON

BLVD. #341

SAINT AUGUSTINE FL 32084 City-State-Zip:

Title **BOARD MEMBER** Title **SECRETARY** Name ARTER, NATALIE

Name ZUKAUSKAS, ROBBIE Address 84 ESMERALDA RD

6370 BOLLING LANE Address City-State-Zip: ST AUGUSTINE FL 32095

City-State-Zip: ELKTON FL 32033

Title **BOARD MEMBER** Title **BOARD MEMBER** Name SMITH, MARY KAY Name CONWAY, THOMAS 108 PLUMTON CT Address Address 110 LAUREL CT

City-State-Zip: ST. JOHNS FL 32259

City-State-Zip: PONTE VEDRE BEACH FL 32092

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City-State-Zip:

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: ALFRED A. KROMBACH

TREASURER

LAKE COMO FL 32157

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title BOARD MEMBER

NameMICHAELSON, JERROLDAddress225 BAYBERRY CIR #506City-State-Zip:ST AUGUSTINE FL 32086