

2020 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

Officer/Director Detail :

Title DIR
Name MAGNANI, GEOFFREY S
Address 43 LEVANTE WAY
City-State-Zip: SAINT AUGUSTINE FL 32086

Title PRESIDENT
Name JEANES, DON
Address 404 MISTY MORNING LANE
City-State-Zip: SAINT AUGUSTINE FL 32080

Title VP
Name MANN, MICHAEL
Address 3501-B NORTH PONCE DE LEON
BLVD. #341
City-State-Zip: SAINT AUGUSTINE FL 32084

Title TREASURER
Name KROMBACH, ALFRED
Address P O BOX 360
City-State-Zip: LAKE COMO FL 32157

Title SECRETARY
Name ZUKAUSKAS, ROBBIE
Address 6370 BOLLING LANE
City-State-Zip: ELKTON FL 32033

Title BOARD MEMBER
Name ARTER, NATALIE
Address 84 ESMERALDA RD
City-State-Zip: ST AUGUSTINE FL 32095

Title BOARD MEMBER
Name CONWAY, THOMAS
Address 110 LAUREL CT
City-State-Zip: PONTE VEDRE BEACH FL 32092

Title BOARD MEMBER
Name SMITH, MARY KAY
Address 108 PLUMTON CT
City-State-Zip: ST. JOHNS FL 32259

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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: ALFRED A. KROMBACH

TREASURER

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name MICHAELSON, JERROLD
Address 225 BAYBERRY CIR #506
City-State-Zip: ST AUGUSTINE FL 32086