

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

135 JENKINS STREET
SUITE 105B #104
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 NEUROH, VAUGHN
Address 400 WEATHERED EDGE DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32092

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 SHARP, FLO
Address 215 SUNSHINE DRIVE
City-State-Zip: ST AUGUSTINE FL 32086

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

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

Continues on page 2

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

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER

Name STATON, SAMUEL

Address 5591 MILLIE WAY

City-State-Zip: GREEN COVE SPRINGS FL 32043