

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35295

**FILED**  
**Jan 21, 2018**  
**Secretary of State**  
**CC9759145287**

**Entity Name:** CHARLOTTE COUNTY CONCERT BAND, INC.

**Current Principal Place of Business:**

CHARLOTTE COUNTY CONCERT BAND  
701 CARMALITA ST  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

CHARLOTTE COUNTY CONCERT BAND  
P O BOX 510158  
PUNTA GORDA, FL 33951-0158 US

**FEI Number: 65-0246735**

**Certificate of Status Desired: No**

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

EDGAR, ROBERT D  
21520 FAIRWAY AVE  
PORT CHARLOTTE, FL 33952 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: ROBERT D EDGAR**

**01/21/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name WARD, JAY  
Address 26230 STILLWATER CIRCLE  
City-State-Zip: PUNTA GORDA FL 33955

Title TRUSTEE, SECRETARY  
Name EDGAR, ROBERT D  
Address 21520 FAIRWAY AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TRUSTEE, VP  
Name HIMES, LINDA  
Address 3110 BROOKLYN AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TRUSTEE  
Name JOYCE, DOUG  
Address 2836 RYAN BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title TRUSTEE, PRESIDENT  
Name HEAVENER, DOUG  
Address 1200 W RETTA ESPLANADE  
B16  
City-State-Zip: PUNTA GORDA FL 33950

Title TRUSTEE, TREASURER  
Name HORTON, KAY  
Address 27110 JONES LOOP ROAD  
#172  
City-State-Zip: PUNTA GORDA FL 33982

Title TRUSTEE  
Name DEYO, MARTHA  
Address 13386 ABERCROMBIE DR  
City-State-Zip: ENGLEWOOD FL 34223

Title TRUSTEE  
Name HARVEY, WENDY  
Address 29200 JONES LOOP RD  
325  
City-State-Zip: PUNTA GORDA FL 33950

*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: ROBERT DEO EDGAR**

**SECRETARY**

**01/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date