

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35295

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

**FILED**  
**Jun 24, 2020**  
**Secretary of State**  
**0063764037CC**

**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:**

HEAVENER, DOUG  
158 MORGAN LANE SE  
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: DOUG HEAVENER**

**06/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title TRUSTEE, VP  
Name HEAVENER, DOUG J  
Address 158 MORGAN LANE SE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TRUSTEE, TREASURER  
Name ADAMS, SUSAN J  
Address 119 ROSEMARY STREET  
City-State-Zip: PORT CHARLOTTE FL 33954

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

Title TRUSTEE, SECRETARY  
Name HUDSON, GERRY  
Address 1192 GREEN OAK TRAIL  
City-State-Zip: PORT CHARLOTTE FL 33948

Title TRUSTEE  
Name AMDAHL, MYRON  
Address 13194 FICHELBERGER AVENUE  
City-State-Zip: PORT CHARLOTTE FL 33953

Title TRUSTEE  
Name MARSH, FRANK  
Address 11042 BARNESLEY DRIVE  
City-State-Zip: VENICE FL 34293

*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: SUSAN J ADAMS**

**TREASURER**

**06/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date