2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36869

Entity Name: PORT ST. LUCIE COMMUNITY BAND, INC.

Entity Name: PORT ST. LUCIE COMMUNITY BAND, IN

Current Principal Place of Business:

C/O MELISSA NELSON 1925 COPENHAVER RD FORT PIERCE, FL 34945

Current Mailing Address:

C/O MELISSA NELSON 1925 COPENHAVER RD FORT PIERCE, FL 34945 US

FEI Number: 65-0264161 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NELSON, MELISSA C/O MELISSA NELSON 1925 COPENHAVER RD FORT PIERCE, FL 34945 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: MELISSA NELSON 04/27/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title **TREASURER** Name JOANN, KINDER Name MELISSA, NELSON 1719 SE TIFFANY CLUB PLACE 1925 COPENHAVER RD Address Address City-State-Zip: PORT ST. LUCIE FL 34952 City-State-Zip: FORT PIERCE FL 34945

Title BOARD MEMBER Title DIRECTOR

NameLISA , LOWERYNameKEVIN, DEGROATAddress3661 SW BONWOLD ST.Address112 35TH SQUARE SWCity-State-Zip:PORT ST. LUCIE FL 34953City-State-Zip:VERO BEACH FL 32968

Title PRESIDENT Title DIRECTOR

Name VAIDA, PATRICIA Name JANES, RICHARD

Address 9762 SW. GLENBROOK DR. Address 516 TANES BLUFF RIDGE
City-State-Zip: PORT ST. LUCIE FL 34987 City-State-Zip: FORT PIERCE FL 34982

Title SECRETARY Title VF

Name DON, VAN HARKEN Name WALTERS, GLENN

Address 2101 SE ROUND TABLE DR Address 1576 SW HARBOR ISLES CIRCLE
City-State-Zip: PORT ST. LUCIE FL 34952 City-State-Zip: PORT ST. LUCIE FL 34986

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SIGNATURE: MELISSA NELSON TREASURER 04/27/2018

FILED Apr 27, 2018

Secretary of State

CC6835093195

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.

Officer/Director Detail Continued:

Title D

Name KATZ, JACOB

Address 825 GREEN LEAF CIRCLE
City-State-Zip: VERO BEACH FL 32960