2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 719395

Entity Name: COMMUNITY CONCERTS OF LAKE CITY, INC.

Current Principal Place of Business:

380 SW OLEENDER PLACE
LAKE CITY, FL 32025

New Principal Place of Business:

580 SW OLEANDER PLACE
LAKE CITY, FL 32025

Current Mailing Address:

P.O. BOX 2351
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-1635972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURDOCK, DAVE
580 SW OLEANDER PLACE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HUNZIKER, HAROLD
Address: 256 NW CHARLOTTE GLEN
City-St-Zip: LAKE CITY, FL 320555018

Title: SD ( ) Delete
Name: HUNZIKER, PAT
Address: 256 CHARLOTTE GLEN
City-St-Zip: LAKE CITY, FL 320555018

Title: TD ( ) Delete
Name: HAIRE, MARIE
Address: 224 SW WOODCREST DR.
City-St-Zip: LAKE CITY, FL 32024

Title: PD ( ) Delete
Name: MURDOCK, DAVE
Address: 380 SW OLEANDER PLACE
City-St-Zip: LAKE CITY, FL 32025

Title: D (X) Delete
Name: BURKHARDT, KARL
Address: 510 EMERALD LAKE DR.
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: HUNZIKER, PAT
Address: 256 NW CHARLOTTE GLEN
City-St-Zip: LAKE CITY, FL 320555018

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MURDOCK, DAVE
Address: 580 SW OLEANDER PLACE
City-St-Zip: LAKE CITY, FL 32025

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIE L HAIRE TD 04/23/2009
Electronic Signature of Signing Officer or Director — Date