


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 726237 1. Entity Name THE CONCOURSE COUNCIL, INC.	
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Principal Place of Business 15325 ALRIC POTTBERG SPRINGHILL, FL 34610 US	Mailing Address PO BOX 1272 PORT RICHEY, FL 34673 US
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01142006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 23-7313687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent WILCOX, JAMES E 6210 KELLER DR PORT RICHEY, FL 34668

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILCOX, JAMES E 6210 KELLER DR PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEEB, MARK 8715 ROBILINA RD PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENRY, STEVE 7321 HATTERAS HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JIM 7935 RANCH RD PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80048-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James E Wilcox James E Wilcox 727-858-3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Director's Phone #