
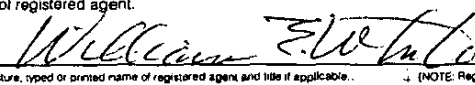
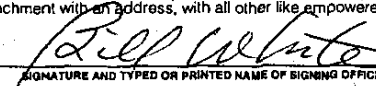


FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90002 035 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 736962			
1. Entity Name HOMESTEAD COMMUNITY CONCERT ASSOCIATION, INC.			
Principal Place of Business 18001 SW 285 ST HOMESTEAD, FL 33030		Mailing Address 18001 SW 285 ST HOMESTEAD, FL 33030	
2. Principal Place of Business % Bill White		3. Mailing Address PO Box 901082	
Suite, Apt. #, etc. 19800 SW 180 Ave #36		Suite, Apt. #, etc.	
City & State Miami FL		City & State Homestead FL	
Zip 33187-2634		Zip 33090-1082	
Country US		Country US	
4. FEI Number 59-1738397		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALGER, JOLAYNE 18001 SW 285 ST HOMESTEAD, FL 33030		Name White, William E. Street Address (P.O. Box Number is Not Acceptable) 19800 SW 180 Ave #36 City Miami FL Zip Code 33187-2634	
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 		William E. White, Treasurer 1/8/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALGER, JOLAYNE 18001 SW 285 ST. HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD - Anderson, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 SE 26 DR Homestead FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V2D MCMILLIAN, JOANN <input type="checkbox"/> Delete 18950 S W 147 AVE MIAMI, FL 33187	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V1D Craig, Diane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16375 SW 215 St Miami FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYAN, HERBERT H <input checked="" type="checkbox"/> Delete 187 NW 20 ST HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD White, Bill <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19800 SW 180 Ave #36 Miami FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D BELL, LINDA <input type="checkbox"/> Delete 1740 NW 13 AVE HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V1D HARRIS, NAKITA <input checked="" type="checkbox"/> Delete 610 SE 28 LANE HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RSD GORDON, SYLVIA <input type="checkbox"/> Delete 710 NW 20 ST HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Bill White, Treasurer 1/8/04 305-253-6620	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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