


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90030 009 \*\*\*\*61.25

**DOCUMENT # 736962**

1. Entity Name  
**HOMESTEAD COMMUNITY CONCERT ASSOCIATION, INC.**



Principal Place of Business  
 C/O BILL WHITE  
 19800 SW 180 AVE #36  
 MIAMI, FL 33187-2634

Mailing Address  
 PO BOX 901082  
 HOMESTEAD, FL 33090-1082

**50007091**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-1738397**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, WILLIAM E**  
 19800 SW 1810 AVE #36  
 MIAMI, FL 33187-2634

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V1D CRAIG, DIANE 16375 SW 215 ST MIAMI, FL 33187 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D BELL, LINDA 1740 NW 13 AVE HOMESTEAD, FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RSD GORDON, SYLVIA 710 NW 20 ST HOMESTEAD, FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mr. Bob Anderson</b> 2904 Manor Downs The Villages FL 32163 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Pres</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mrs. Lynda Bell</b> 343 NW 19 ST HOMESTEAD FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RecSec</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Ms. Diane Craig</b> 16375 SW 215 ST MIAMI FL 33187 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP1</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mrs. Sylvia Gordon</b> 710 NW 20 ST HOMESTEAD FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CorrSec</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mrs. Jo-Ann McMillan</b> 18950 SW 147 AVE MIAMI FL 33187 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP2</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mr. Bill White</b> 19800 SW 180 AVE #36 MIAMI FL 33187 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Treas</b>

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 **BILL WHITE** 1/22/05 305-253-6620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #