


FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90022 006 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITE, WILLIAM E 19800 SW 1810 AVE #36 MIAMI, FL 33187-2634		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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAIG, DIANE 16375 SW 215 ST MIAMI, FL 33187 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Jensen, Meda 18640 SW 295 Ter Homestead FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BELL, LINDA 1740 NW 13 AVE HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2/D Jo-Ann McMillan 18950 SW 147 Ave Miami FL 33187 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD GORDON, SYLVIA 710 NW 20 ST HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Nanette Wulf 22840 Tennessee Rd Miami FL 33170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, BOB 2904 MANOR DOWNS VILLAGES, FL 32163 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D William E. White 19800 SW 180 Ave #36 Miami FL 33187 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, LYNDIA 343 NW 19 ST HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1 CRAIG, DIANE 16375 SW 215 ST MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William E. White</u>		William E. White Treasurer 1/7/06 305-253-6620	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60003063



01072006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1738397 Applied For Not Applicable

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

Paid 1/7/06 Check #1250

List of directors attached

ATTACHMENT # ⁶⁶⁰⁰³⁰⁶³ 736962

HOMESTEAD COMMUNITY CONCERTS



P. O. Box 901082
Homestead FL 33090-1082
Board of Directors contact information

Mrs. Donna Bass 19100 SW 280 St Homestead FL 33031 Voice 305-248-4939	
Mrs. Lynda Bell 343 NW 19 ST HOMESTEAD FL 33030 Voice 305-245-4291 LyndaForLife@aol.com	RecSec
Mrs. Betty Bryan 187 NW 20 St Homestead FL 33030 Voice 305-247-7288	
Mrs. Elizabeth M. Burton 685 SE 27 LN HOMESTEAD FL 33033 Voice 305-230-0166 Emb9999@aol.com	
Mrs. Fay Chisholm 18400 SW 280 St Homestead FL 33031 Voice 305-247-3678 countrychizy@aol.com	
Ms. Diane Craig 16375 SW 215 ST MIAMI FL 33187 Voice 305-233-0293 dcraigfl@aol.com	VP1
Miss Charlotte deOgbum 30051 SW 198 AVE HOMESTEAD FL 33030 Voice 305-248-8745 CMdeOgbum@earthlink.net	

Ms. Lorraine Frye 695 SE 22 Ln Homestead FL 33033 Voice 305-230-9178 LorrainePF311@aol.com	
Mr. Robert Fuchs %R.F. Orchids 28100 SW 182 AVE HOMESTEAD FL 33030 Voice 305-245-4570 Fax 305-247-6568 rforchids@aol.com	
Cdr. Robert J. Jensen 18640 SW 295 TER HOMESTEAD FL 33030 Voice/Fax 305-248-0976 bobmeda@aol.com bjensen@1stnatbank.com	
Mrs. Meda Jensen 18640 SW 295 TER HOMESTEAD FL 33030 Voice/Fax 305-248-0976 bobmeda@aol.com	Pres
Mr. Fritz W. Kalmey 18100 SW 264 ST HOMESTEAD FL 33031 Voice 305-245-9792 Fax 305-245-9792 kalmeyf@aol.com	
Ms. Kathleen Kelly 515 SE 21 Lane Homestead FL 33033 Voice 305-230-3073 Cell? 305-815-8137 Kkelly323@yahoo.com	
Mrs. Becky Loftus 1759 NW 20 St Homestead FL 33030 Voice 305-245-7800	