


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90005 026 ****61.25

DOCUMENT # 736962 1. Entity Name HOMESTEAD COMMUNITY CONCERT ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

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

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

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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 _____ 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, 2008

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 MEDA, JENSEN 18640 SW 295 TER HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2D MCMILLAN, JO-ANN 18950 SW 147 AVE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WULF, NANETTE 22840 TENNESSEE RD MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, WILLIAM E 19800 SW 180 AVE #36 MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, LYNDA 343 NW 19 ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1D CRAIG, DIANE 16375 SW 215 ST MIAMI, FL 33187

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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: Bill White BILL WHITE 1/18/08 305-259-6620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #