

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736962

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOMESTEAD COMMUNITY CONCERT ASSOCIATION, INC.

Current Principal Place of Business:

C/O BILL WHITE
19800 SW 180 AVE #36
MIAMI, FL 331872634

New Principal Place of Business:

Current Mailing Address:

PO BOX 901082
HOMESTEAD, FL 330901082

New Mailing Address:

FEI Number: 59-1738397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, WILLIAM E
19800 SW 1810 AVE #36
MIAMI, FL 331872634 US

Name and Address of New Registered Agent:

WHITE, WILLIAM E
19800 SW 1810 AVE
#36
MIAMI, FL 331872634 US

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.

SIGNATURE: WILLIAM E. WHITE

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEDA, JENSEN
Address: 18640 SW 295 TER
City-St-Zip: HOMESTEAD, FL 33030

Title: VP2D () Delete
Name: MCMILLAN, JO-ANN
Address: 18950 SW 147 AVE
City-St-Zip: MIAMI, FL 33187

Title: SD () Delete
Name: WULF, NANETTE
Address: 22840 TENNESSEE RD
City-St-Zip: MIAMI, FL 33170

Title: TD () Delete
Name: WHITE, WILLIAM E
Address: 19800 SW 180 AVE #36
City-St-Zip: MIAMI, FL 33187

Title: SD () Delete
Name: BELL, LYNDA
Address: 343 NW 19 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VP1D () Delete
Name: CRAIG, DIANE
Address: 16375 SW 215 ST
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. WHITE

MR.

01/16/2009

Electronic Signature of Signing Officer or Director

Date