

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90188 050 ****61.25

0076790

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1738397**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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

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 *Jolayne Alger*
Signature, typed or printed name of registered agent and title if applicable.

1-13-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD ALGER, JOLAYNE	<input type="checkbox"/> Delete
STREET ADDRESS	18001 SW 285 ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE NAME	V2D MCMILLIAN, JOANN	<input type="checkbox"/> Delete
STREET ADDRESS	18950 S W 147 AVE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE NAME	PD BRYAN, HERBERT H	<input type="checkbox"/> Delete
STREET ADDRESS	187 NW 20 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE NAME	S/D BELL, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS	1740 NW 13 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE NAME	V1D HARRIS, NAKITA	<input type="checkbox"/> Delete
STREET ADDRESS	610 SE 28 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE NAME	RSD GORDON, SYLVIA	<input type="checkbox"/> Delete
STREET ADDRESS	710 NW 20 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jolayne Alger* SIGNATURE REQUIRED Tr

1-13-03 305-247-6261

CR2E037 (10/02)