

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 026 ****61.25

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1. Entity Name

FORT MYERS COMMUNITY CONCERT ASSOCIATION, INC.



Principal Place of Business

**3934 W. RIVERSIDE DR.
FT. MYERS FL 33901**

Mailing Address

**P.O. BOX 606
FT. MYERS FL 33902
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1739068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**MANN, BARBARA
3934 W. RIVERSIDE DR.
FT MYERS FL 33901**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 **VD** ☐ Delete
NAME **MANN, MARY LEE**
STREET ADDRESS **17281 BRENFIELD LANE**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **D** ☐ Delete
NAME **FASSETT, JOHN B**
STREET ADDRESS **1040 N. TOWN AND RIVER DRIVE**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **KAYE, ROBERT J**
STREET ADDRESS **2936 VALLENCIA WAY**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **SD** ☐ Delete
NAME **TYRER, JOHN L**
STREET ADDRESS **1353 KINGWOOD CT**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **PD** ☐ Delete
NAME **MANN, BARBARA**
STREET ADDRESS **3934 W RIVERSIDE DR**
CITY-ST-ZIP **FT MYERS, FL 00000 33901**

TITLE **T** ☒ Delete
NAME **KAYE, DONNA**
STREET ADDRESS **2936 VALLENCIA WAY**
CITY-ST-ZIP **FORT MYERS FL 33901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Kathleen Holbourn**
CITY-ST-ZIP **2903 Holly Rd.
Fort Myers, FL 33901**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary Lee Mann Vice President

3/3/08 239-694-1901