

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742642

FILED
Mar 20, 2012
Secretary of State

Entity Name: FORT MYERS COMMUNITY CONCERT ASSOCIATION, INC.

Current Principal Place of Business:

3934 RIVERSIDE DR.
FT. MYERS, FL 33901

New Principal Place of Business:

17281 BRENFIELD LANE
ALVA, FL 33920 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1739068 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATHLEEN HOLLOWAY
2902 HOLLY ROAD
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MANN, MARY LEE
Address: 17281 BRENFIELD LANE
City-St-Zip: ALVA, FL 33920

Title: D
Name: FASSETT, JOHN B
Address: 1040 N. TOWN AND RIVER DRIVE
City-St-Zip: FT MYERS, FL 33919

Title: D
Name: KAYE, ROBERT J
Address: 2936 VALLENCIA WAY
City-St-Zip: FT MYERS, FL 33901

Title: SD
Name: TYRER, JOHN L
Address: 1353 KINGSWOOD CT
City-St-Zip: FT MYERS, FL 33919

Title: PD
Name: MANN, BARBARA
Address: 3934 W RIVERSIDE DR
City-St-Zip: FT MYERS, FL 00000, FL 33901

Title: TD
Name: HOLLOWAY, KATHLEEN
Address: 2902 HOLLY ROAD
City-St-Zip: FT. MYERS., FL 33901

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN HOLLOWAY

TD

03/20/2012

Electronic Signature of Signing Officer or Director

Date