


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90035 031 \*\*\*\*61.25

<b>DOCUMENT # 744830</b> 1. Entity Name <b>NAPLES CONCERT BAND, INC.</b>					
Principal Place of Business <b>NAPLES CONCERT BAND POST OFFICE BOX 31 NAPLES, FL 34106-0031 US</b>			Mailing Address <b>NAPLES CONCERT BAND POST OFFICE BOX 31 NAPLES, FL 34106-0031 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1876197</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CURCIO, THOMAS H 1525 WEYBRIDGE CIR NAPLES, FL 34110</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BESHEARS, LORI 1900 TILLER TERRACE NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURCIO, THOMAS H 1525 WEYBRIDGE CIR NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAINS, TIMOTHY G 267 MELROSE PL NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Hains, Timothy G 1395 Panther Lane, #300 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONROY, RUTH 624 - 98TH AVENUE N. NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANN, SHIRLEY 1211 - 8TH TERR N NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Frank Burgeson 5926 Amberwood Drive Naples, FL 34110
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.					
<b>SIGNATURE:</b> <u>Timothy G. Hains</u> <b>Timothy G. Hains</b> <u>1/19/07</u> <u>239-434-4925</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date Daytime Phone #</small>					