


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90082 029 ****61.25

DOCUMENT # 765238			
1. Entity Name NORTH MIAMI COMMUNITY CONCERT BAND, INC.			
Principal Place of Business 12220 GRIFFING RD. MIAMI, FL 33161 US		Mailing Address 734NN CRESCENT DR. HOLLYWOOD, FL 33021 US	
2. Principal Place of Business		3. Mailing Address 800 SW 131 AVE,	
Suite, Apt. #, etc.		Suite, Apt. #, etc. F-406	
City & State		City & State PEMBROKE PINES, FL	
Zip	Country	Zip	Country
33027	USA	33027	USA
4. FEI Number 59-2255351		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENNETT, BARLOW 734 N CRESCENT DR. HOLLYWOOD, FL 33021		Name MELVIN S LERMAN	
		Street Address (P.O. Box Number is Not Acceptable) 800 SW 131 AVE	
		F-406	
		City PEMBROKE PINES, FL	
		Zip Code 33027	
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 <i>Melvin S Lerman</i>		DATE <i>Jan. 31, 2005</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	S WYNNE, JUDY 291 BAY BAY DRIVE, #103 BAL HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELVIN LERMAN 800 SW 131 AVE F-406 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASS, FRANCES 12240 NE 10 AVE NORTH MIAMI, FL 33161 <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 SAUNDERS, HARVEY 12700 SW 151 LANE MIAMI, FL 33186 <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 BENNETT, BARLOW 734 N CRESCENT DR. HOLLYWOOD, FL 33021 <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/C DREYER, FLO 21075 NE 34TH AVENUE #109 AVENTURA, FL 33180 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Melvin S Lerman</i> MELVIN S LERMAN		Date <i>1/31/05</i> Daytime Phone # <i>954 441 4528</i>	