


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 765238 1. Entity Name NORTH MIAMI COMMUNITY CONCERT BAND, INC.	
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Principal Place of Business 12220 GRIFFING RD. MIAMI, FL 33161 US	Mailing Address 800 SOUTHWEST 131 AVENUE F-406 PEMBROKE PINES, FL 33027 US
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01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2255351	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LERMAN, MELVIN S
 800 SOUTHWEST 131 AVENUE
 F-406
 PEMBROKE PINES, FL 33027**

DO NOT WRITE IN THIS SPACE

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 MELVIN S LERMAN TREASURER *Melvin S Lerman* DATE JAN 11, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYNNE, JUDY 291 BAY BAY DRIVE, #103 BAL HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASS, FRANCES 12240 NE 10 AVE NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, HARVEY 12700 SW 151 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, BARLOW 734 N CRESCENT DR. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYER, FLO 21075 NE 34TH AVENUE #109 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LERMAN, MELVIN 800 SOUTHWEST 131 AVENUE #F-406 PEMBROKE PINES, FL 33027

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 01/18/06-80058-013 70.00

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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.

SIGNATURE Melvin S Lerman *MELVIN S LERMAN* DATE JAN. 11, 2006 9544414528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #