



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 765238</b> 1. Entity Name NORTH MIAMI COMMUNITY CONCERT BAND, INC.	
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Principal Place of Business 1590 NE 123 STREET NORTH MIAMI, FL 33161 US	Mailing Address 800 SOUTHWEST 131 AVENUE F-406 PEMBROKE PINES, FL 33027 US
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**DO NOT WRITE IN THIS SPACE**



02022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2255351	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 HARBOUR, 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 S 800 SOUTHWEST 131 AVENUE #F-406 PEMBROKE PINES, FL 33027

U00000825097  
 02/20/08-80105-020 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 2/7/08 (954) 441-4528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #