

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90215 010 ****70.00

DOCUMENT # **NO 100000 2468**

1. Entity Name

LAKELAND CONCERT BAND, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

2804 E. ROBINSON

3. Mailing Address

P.O. Box 24238

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

-

City & State

PLANT CITY, FL.

City & State

LAKELAND, FL.

Zip

33565

Country

HILLSBOROUGH

Zip

33802-4238

Country

POIK

4. FEI Number

31-1792372

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LARSEN, VIL

Street Address (P.O. Box Number is Not Acceptable)

2804 E. ROBINSON

City

Plant City

FL

Zip Code

33565

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	SUSAN JOHNS
STREET ADDRESS	731 JEFFERSON AVE.
CITY-ST-ZIP	LAKELAND, FL. 33801
TITLE	VICE PRESIDENT
NAME	DON RAYBURN
STREET ADDRESS	1002 CROCKER LANE
CITY-ST-ZIP	PLANT CITY, FL. 33565
TITLE	SECRETARY
NAME	BETH PENDRY
STREET ADDRESS	5710 GREENWAY CIRCLE
CITY-ST-ZIP	LAKELAND, FL. 33805
TITLE	TREASURE
NAME	DAVE DOUBLE
STREET ADDRESS	1504 TEAKWOOD DR.
CITY-ST-ZIP	PLANT CITY, FL. 33563
TITLE	P.R.
NAME	CINDY BERGAU-PLACE
STREET ADDRESS	1030 LAKE MIRIAM DR.
CITY-ST-ZIP	LAKELAND, FL. 33813
TITLE	CONDUCTOR
NAME	VIL LARSEN
STREET ADDRESS	2804 E ROBINSON DR.
CITY-ST-ZIP	Plant City, FL. 33565

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID DOUBLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08
Date

813-752-7330
Daytime Phone #