2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002074

Title:

Name:

Address:

City-St-Zip:

DS

MILLER, EVELYN

1573 BAYSHORE RD

NOKOMIS, FL 34275

() Delete

Entity Name: SUN COAST CHAMBER CONCERTS, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3528 JAFFA DRIVE SARASOTA, FL 34239 **Current Mailing Address: New Mailing Address:** 3528 JAFFA DRIVE SARASOTA, FL 34239 FEI Number: 03-0450818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, JOE 3528 JAFFÁ DRIVE SARASOTA, FL 34239 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PLATT. THEODORE Name: Name: 3528 JAFFA DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: MARTINEZ, JOE Name: Address: 3528 JAFFA DRIVE Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: DVP () Delete Title: () Change () Addition GENTILE, DOMINIC Name: Name: Address: 416 SPADARO DR Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: HAMILTON, ROBERTA Name: 4196 BOWLING GREEN CIR Address: Address: SARASOTA, FL 34233 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOE MARTINEZ DT 04/27/2004

() Change () Addition