

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008986

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: PUTNAM COUNTY COMMUNITY BAND, INC.

**Current Principal Place of Business:**

9218 CYPRESS GREEN DRIVE  
SUITE 11  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9218 CYPRESS GREEN DRIVE  
SUITE 11  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 56-2413571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALTERMAN, LEONARD  
9218 CYPRESS GREEN DRIVE, SUITE 11  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: ALTERMAN, LEONARD  
Address: 9218 CYPRESS GREEN DRIVE, SUITE 11  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: VEZZETTI, DAVID  
Address: 940 SOUTH MOODY ROAD  
City-St-Zip: PALATKA, FL 32178

Title: D ( ) Delete  
Name: DONALDSON PARNELL, ETHEL  
Address: 318 19TH ST.  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: ROBINSON, RICHARD  
Address: 5045 15TH ST  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: MENDEZ, CHRISTINA  
Address: 526 CORDELL AVENUE  
City-St-Zip: INTERLACHEN, FL 32198

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MAST, ETHEL  
Address: 318 19TH ST.  
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change ( ) Addition  
Name: ROBINSON, RICHARD  
Address: 504 S.E 83RD TERR  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: LEONARD ALTERMAN

PRES

04/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date