

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2009
Secretary of State**

DOCUMENT# N03000008986

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: MAST, ETHEL
Address: 318 19TH ST.
City-St-Zip: PALATKA, FL 32177

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: CARTER, SUZANNE
Address: 122 CINNAMON DRIVE
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Change (X) Addition
Name: FRYER, ROBERT
Address: P.O. BOX 491
City-St-Zip: FLORAHOME, FL 321240

I hereby certify that the information supplied with this filing does not qualify 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 M. ALTERMAN

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date