

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 023 ****61.25

DOCUMENT # N04000003927 1. Entity Name MUSIC MAKERS SHOW BAND, INC.					
Principal Place of Business C/O ELIZABETH M. LYNN 6519 ILEX CIRCLE NAPLES FL 34109		Mailing Address C/O ELIZABETH M. LYNN 6519 ILEX CIRCLE NAPLES FL 34109			
2. Principal Place of Business - No P.O. Box # C/O DONALD D. GALL		3. Mailing Address 2632 GOLFSIDE COURT		1st MOORE CR2E037 (10/07)	
Suite, Apt., etc. 2632 GOLFSIDE COURT		Suite, Apt., etc.			
City & State NAPLES, FL		City & State NAPLES FL			
Zip 34110		Zip 34110			
Country USA		Country USA		4. FEI Number 45-0528087	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LYNN, ELIZABETH M 6519 ILEX CIRCLE NAPLES FL 34109				7. Name and Address of New Registered Agent Name DONALD D. GALL Street Address (P.O. Box Number is Not Acceptable) 2632 GOLFSIDE COURT City NAPLES FL Zip Code 34110	
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 <u>DONALD D. GALL</u> <u>Donald D. Gall, President</u> <u>4/1/08</u> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when re-registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME AUMAN, ROBERT H STREET ADDRESS 874 BARCARMIL WAY CITY-ST-ZIP NAPLES FL 34110	☐ Delete		TITLE VD NAME AUMAN, ROBERT H STREET ADDRESS 874 BARCARMIL WAY CITY-ST-ZIP NAPLES FL 34110	☒ Change ☐ Addit	
TITLE TD NAME O'BRIENT, EARL J STREET ADDRESS 654 BROAD CT. S. CITY-ST-ZIP NAPLES FL 34102	☒ Delete		TITLE TD NAME CURCIO, THOMAS STREET ADDRESS 1525 WEY BRIDGE CIRCLE CITY-ST-ZIP NAPLES FL 34110	☒ Change ☒ Addit	
TITLE SD NAME LYNN, ELIZABETH M STREET ADDRESS 6519 ILEX CIRCLE CITY-ST-ZIP NAPLES FL 34109	☒ Delete		TITLE SD NAME KRAUSE, JACK STREET ADDRESS 1149 REGENCY RES CIRCLE CITY-ST-ZIP NAPLES, FL 34119	☒ Change ☒ Addit	
TITLE D NAME FREESE, D. JACKSON STREET ADDRESS TOWER POINTE, #1103 - 1000 ARBOR LAKE DR. CITY-ST-ZIP NAPLES FL 34110	☒ Delete		TITLE D NAME BERGER, JOSEPH STREET ADDRESS 8403 ESTERO RA-102 CITY-ST-ZIP FT. MYERS BEACH, FL 33931	☒ Change ☒ Addit	
TITLE DV NAME GALL, DONALD D STREET ADDRESS 2632 GOLFSIDE CT. CITY-ST-ZIP NAPLES FL 34110	☐ Delete		TITLE PD NAME GALL, DONALD D STREET ADDRESS 2632 GOLFSIDE COURT CITY-ST-ZIP NAPLES, FL 34110	☒ Change ☐ Addit	
TITLE D NAME THORKELSON, PETER STREET ADDRESS 1511 WHISPERING OAKS CIRCLE CITY-ST-ZIP NAPLES FL 34110	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addit	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE: _____

Donald D. Gall, President