

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06119

FILED
Mar 26, 2009
Secretary of State

Entity Name: ST. JOHNS RIVER CITY BAND, INC.

Current Principal Place of Business:

841 PRUDENTIAL DRIVE
150
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

841 PRUDENTIAL DRIVE
150
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2500601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, DIANTHA
841 PRUDENTIAL DRIVE
150
JACKSONVILLE, FL 32207 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: PD () Delete
Name: MONAHAN, KEVIN
Address: 8357 WARLIN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: M () Delete
Name: DIANTHA, GRANT
Address: 841 PRUDENTIAL DRIVE, SUITE 150
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: SD () Delete
Name: SAFER, ELIOT
Address: 10110 SAN JOSE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: TD () Delete
Name: MCELROY, JACK
Address: 4074 SOUTH MIZNER CT
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: WATSON, HENRIETTA
Address: 1353 PINEWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: D () Delete
Name: VONGSAY, VIDA
Address: 3204 SOUTHERN HILLS CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225 US

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: TD (X) Change () Addition
Name: WATSON, HENRIETTA
Address: 1353 PINEWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Change () Addition
Name: POIRRIER, PAUL
Address: 7701 TIMBERLIN PARK BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32256 US

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

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: KEVIN MONAHAN

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date