

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06119

FILED
Jan 20, 2011
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:

Current Mailing Address:

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:

SAFER, ELIOT J
4348 SOUTHPOINT BLVD
SUITE 101
JACKSONVILLE, FL 32216 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
Name: STONE, ROBERT J
Address: 841 PRUDENTIAL DRIVE SUITE 150
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VD
Name: MATCHIN, DEANTHA
Address: 841 PRUDENTIAL DRIVE, SUITE 150
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: SD
Name: SAFER, ELIOT J
Address: 4348 SOUTHPOINT BLVD. SUITE 101
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D
Name: HARTMANN, FRED
Address: 841 PRUDENTIAL DRIVE SUITE 150
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: KELLY, BRENDA
Address: 841 PRUDENTIAL DRIVE SUITE 150
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D
Name: VONGSAY, VIDA
Address: 841 PRUDENTIAL DRIVE SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT STONE

P

01/20/2011

Electronic Signature of Signing Officer or Director

Date