

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002093

FILED
Apr 16, 2009
Secretary of State

Entity Name: LAKE CONCERT BAND, INC.

Current Principal Place of Business:

6529 BORG ST.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

6529 BORG ST.
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-8746624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIEN, ALFRED
6529 BORG ST.
LEESBURG, FL 34748 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: WILSON, DELEON
Address: 947 SOLEDAD WAY
City-St-Zip: LADY LAKE, FL 32159

Title: DS () Delete
Name: BRIEN, ALFRED
Address: 6529 BORG ST.
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: MANIS, DEBORAH V
Address: 12420 DRAW DR.
City-St-Zip: GRAND ISLAND, FL 32735

Title: D () Delete
Name: COVER, DOUGLAS L
Address: 15919 ACORN CIR
City-St-Zip: TAVARES, FL 32778

Title: DT () Delete
Name: FORBES, ELIZABETH A
Address: 100 SOUTH TREMAIN ST. E-3
City-St-Zip: MOUNT DORA, FL 32757

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

Title: DV () Change (X) Addition
Name: BEDWELL, DANA
Address: 7007 ARCADIAN CT
City-St-Zip: MOUNT DORA, FL 32757

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: ELIZABETH A FORBES

DT

04/16/2009

Electronic Signature of Signing Officer or Director

Date