

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N17919	
1. Entity Name THE PENSACOLA CIVIC BAND, INC.	

Principal Place of Business MUSIC DEPT. PENSACOLA JUNIOR COLLEGE 1000 COLLEGE BLVD. PENSACOLA, FL 32504	Mailing Address C/O JOANNE WEILAND 6479 ALVARADO RD PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2029170	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SNOWDEN, DONALD MUSIC DEPT. PENSACOLA JUNIOR COLLEGE 1000 COLLEGE BLVD. PENSACOLA, FL 32504

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IN THIS SPACE**

6. 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U00000930838 05/21/08-80124-016 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YARBROUGH, STACY 4451 CHULA VISTA PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID FAULK, JUDITH L 25 NORTH 70TH AVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID WEILAND, JOANNE V. 6479 ALVARADO RD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID BEADLE, GARY PO BOX 215 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID TRAMMELL, MARTHA 618 EDGECLIFFE DRIVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHUMANN, SUE 6350 ROSEBUD RD MILTON, FL 32570

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Joanne Weiland</u>	Joanne Weiland, Treasurer 4/24/2008	850- 476-8785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #