

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17919

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE PENSACOLA CIVIC BAND, INC.

Current Principal Place of Business:

MUSIC DEPT. PENSACOLA JUNIOR COLLEGE
1000 COLLEGE BLVD.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

C/O JOANNE WEILAND
6479 ALVARADO RD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-2029170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNOWDEN, DONALD
MUSIC DEPT. PENSACOLA JUNIOR COLLEGE
1000 COLLEGE BLVD.
PENSACOLA, FL 32504 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: SD () Delete
Name: YARBROUGH, STACY
Address: 4451 CHULA VISTA
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: FAULK, JUDITH L
Address: 25 NORTH 70TH AVE
City-St-Zip: PENSACOLA, FL

Title: TD () Delete
Name: WEILAND, JOANNE V.
Address: 6479 ALVARADO RD
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: BEADLE, GARY
Address: PO BOX 215
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: TRAMMELL, MARTHA
Address: 618 EDGECLIFFE DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: VPD () Delete
Name: SCHUMANN, SUE
Address: 6350 ROSEBUD RD
City-St-Zip: MILTON, FL 32570

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
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City-St-Zip:

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

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: WEILANDJOANNE@BELLSOUTH.NET

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date