2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30511

FILED Jan 09, 2009 Secretary of State

Entity Name: SOUTH PASADENA COMMUNITY BAND, INC.

| | rincipal Place | e of Business: | New Principal Place | e of Business: | |
|--|---|--|---|---|--|
| 5885 OAK | ALD BRUGMA HURST DR. E, FL 33772 | N | | | |
| Current M | lailing Addres | ss: | New Mailing Addres | ss: | |
| 5885 OAK | ALD BRUGMA HURST DR. E, FL 33772 | N | | | |
| El Number | : 59-2937738 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 2706 SKIN | ONALD C MMER POINT V RT, FL 33707 | | | | |
| | e named entity e of Florida. | submits this statement for the | e purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electror | nic Signature of Registered A | gent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | |
| Fitle: Name: Nddress: City-St-Zip: | STOLL, RONAL | R POINT WAY S | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | |) Delete | Title: Name: Address: | () Change () Addition | |
| Fitle: Name: Nddress: City-St-Zip: | ELLIS, LYNNE 5954 SKIMMER GULFPORT, FI | R POINT BLVD. S. L 33707 | City-St-Zip: | | |
| √ame: √ddress: | 5954 SKIMMER GULFPORT, FI | L 33707) Delete DN ST DRIVE | | () Change () Addition | |
| Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: | 5954 SKIMMER GULFPORT, FI T (BRUGMAN, DO 5885 OAKHUR SEMINOLE, FL | L 33707) Delete DN ST DRIVE . 33772) Delete | City-St-Zip: Title: Name: Address: | () Change () Addition () Change () Addition | |
| lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address: | 5954 SKIMMER GULFPORT, FI T (BRUGMAN, DC 5885 OAKHUR SEMINOLE, FL S (WISNER, LISA 2725 WOODM CLEARWATER B (INMAN, JAMES 1730 7TH ST N | L 33707) Delete DN ST DRIVE . 33772) Delete ERE CT R, FL 33761) Delete | City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | | |

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: DONALD BRUGMAN TREA 01/09/2009