

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90010 034 ****61.25

DOCUMENT # N32020

1. Entity Name

VENICE CONCERT BAND, INC.



Principal Place of Business

2142 WELLS AVE.
SARASOTA FL 34232
US

Mailing Address

2142 WELLS AVE.
SARASOTA FL 34232
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0195475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOONE, STEPHEN K.
BOONE, BOONE, KLINGBEIL, BOONE & ROBERTS
1001 AVENIDA DEL CIRCO
VENICE FL 34284

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PLOCH, FRED
STREET ADDRESS 65 GASPARILLA LANE
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME DIRKS, BARBARA
STREET ADDRESS 4613 COUNTRY MANER DRIVE
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME VAN BUREN, WM
STREET ADDRESS 211 BAYVIEW PARKWAY
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME COLE, TERRI
STREET ADDRESS 2142 WELLS AVE.
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME SCHLHER, CYNTHIA
STREET ADDRESS 1125 PINELAND AVE.
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE LBBM
NAME SHIELDS, LARRY J
STREET ADDRESS 3203 S MCINTOSH RD
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Terri Cole* **TERRI COLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04 (941) 861-1620

Date

Daytime Phone #