2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35295

FILED Apr 19, 2007 Secretary of State

Entity Name: CHARLOTTE COUNTY CONCERT BAND, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	TE COUNTY CONCI	ERT BAND			
	ACHMAN AVE ARLOTTE, FL 33952	US			
Current Mailing Address:			New Maili	New Mailing Address:	
21293 COA	BY J. MOCK ACHMAN AVE. ARLOTTE, FL 33952	US			
FEI Number:	: 65-0246735 FEIN	lumber Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of Current	Registered Agent:	Name and	Address of New Registered Agent:	
	EGGY J ACHMAN AVE. ARLOTTE, FL 33952	US			
	named entity submite of Florida.	s this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic Sigr	nature of Registered Age	nt	Date	
OFFICERS	S AND DIRECTORS	:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR:	
Title: Name: Address: City-St-Zip:	PD () Delete MOCK, PEGGY J 21293 COACHMAN AVE PORT CHARLOTTE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete MARY, PRATHER 232 E TARPON BLVD. PORT CHARLOTTE, FL		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition PRATHER, MARY 232 E TARPON BLVD. NW PORT CHARLOTTE, FL 33952	
Title: Name: Address: City-St-Zip:	SD () Delete VOSBURGH, MIRIAM 5659 HOLIDAY PARK E NORTHPORT, FL 3428		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition MOORE, BRENDA 1176 GREEN OAK TRAIL PORT CHARLOTTE, FL 44948	
Title: Name: Address: City-St-Zip:	D () Delete PASCHRE, PETE 14976 LYNEBURG PORT CHARLOTTE, FL	33981	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PARTRIDGE, CINDY 504 EPPINGER DRIVE PORT CHARLOTTE, FL 33981	
Title: Name: Address: City-St-Zip:	D () Delete MIENTUS, CHET 18702 COUNTRYMAN A PORT CHARLOTTE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete PARTRIDGE, CINDY 504 EPPINGER DR. PORT CHARLOTTE, FL	. 33953	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition ANNA, REBELLO 1437 RED OAK LANE PORT CHARLOTTE, FL 33948	

I hereby certify that the information supplied with this filing does not qualify for the 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: PEGGY J MOCK PD 04/19/2007