

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35295

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** CHARLOTTE COUNTY CONCERT BAND, INC.

**Current Principal Place of Business:**

CHARLOTTE COUNTY CONCERT BAND  
21293 COACHMAN AVE  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PEGGY J. MOCK  
21293 COACHMAN AVE.  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 65-0246735      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOCK, PEGGY J  
21293 COACHMAN AVE.  
PORT CHARLOTTE, FL 33952 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: PD ( ) Delete  
Name: MOCK, PEGGY J  
Address: 21293 COACHMAN AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete  
Name: PRATHER, MARY  
Address: 232 E TARPON BLVD. NW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD ( ) Delete  
Name: MOORE, BRENDA  
Address: 1176 GREEN OAK TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 44948

Title: D ( ) Delete  
Name: PARTRIDGE, CINDY  
Address: 504 EPPINGER DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D ( ) Delete  
Name: MIENTUS, CHET  
Address: 18702 COUNTRYMAN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD ( ) Delete  
Name: ANNA, REBELLO  
Address: 1437 RED OAK LANE  
City-St-Zip: PORT CHARLOTTE, FL 33948

**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  
Name:  
Address:  
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: PEGGY J MOCK

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date