

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N35672

1. Entity Name
ORLANDO CONCERT BAND, INC.



Principal Place of Business
**C/O BARBARA LEVY
3773 PEACEFUL PLACE
ORLANDO, FL 32810 US**

Mailing Address
**C/O BARBARA LEVY
3773 PEACEFUL PLACE
ORLANDO, FL 32810 US**



01132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3003409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVY, BARBARA
3773 PEACEFUL PLACE
ORLANDO, FL 32810**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LEVY, BARBARA E
3773 PEACFEUL PLACE
ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GREENWOOD, RICHARD A
3424 RIDGE PLACE
ORLANDO, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
REGIER, HEIDI
203 E ESTHER ST
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LEFKOWITZ, AARON
705 MONMOUTH WAY
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
YEAGER, KEN
2931 PNKAN PINES DR
APOPKA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000590734
01/18/07-80067-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13 JAN 07 407-886-7952