

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 28, 2009  
Secretary of State

DOCUMENT# N35672

Entity Name: ORLANDO CONCERT BAND, INC.

**Current Principal Place of Business:**

C/O DAVID L. MITCHELL  
15507 MARBLEHEAD WAY  
CLERMONT, FL 34714 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID L. MITCHELL  
15507 MARBLEHEAD WAY  
CLERMONT, FL 34714 US

**New Mailing Address:**

FEI Number: 59-3003409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MITCHELL, DAVID L DT  
15507 MARBLEHAD WAY  
CLERMONT, FL 34714 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MALL, JILL  
Address: 3908 LAKE MIRAGE BLVD  
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV ( ) Delete  
Name: GREENWOOD, RICHARD A  
Address: 3424 RIDGE PLACE  
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS ( ) Delete  
Name: REIGER, HEIDI  
Address: 203 E ESTHER ST  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV ( ) Delete  
Name: LEFKOWITZ, AARON  
Address: 705 MONMOUTH WAY  
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT ( ) Delete  
Name: MITCHELL, DAVID L  
Address: 15507 MARBLEHAD WAY  
City-St-Zip: CLERMONT, FL 34714

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: DAVID L. MITCHELL

DT

05/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date