

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36869

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** PORT ST. LUCIE COMMUNITY BAND, INC.

**Current Principal Place of Business:**

C/O JOHN B. NICKERSON  
919 NE JUNIPER PL.  
JENSON BEACH, FL 34957

**New Principal Place of Business:**

C/O SUSAN SHARP  
8205 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34892 US

**Current Mailing Address:**

C/O JOHN B. NICKERSON  
919 NE JUNIPER PL.  
JENSON BEACH, FL 34957

**New Mailing Address:**

C/O SUSAN SHARP  
8205 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34892 US

**FEI Number:** 65-0264161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICKERSON, JOHN B  
919 NE JUNIPER PL  
JENSEN BEACH, FL 34957 US

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

SHARP, SUSAN L  
8205 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982 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: SUSAN L SHARP

03/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TORICK, STEVE  
Address: 2051 SW LANCE AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP  
Name: TORICK, KATE  
Address: 2051 SW LANCE AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T  
Name: SHARP, SUSAN L  
Address: 8205 S. INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: S  
Name: BOWEN, CAROLE  
Address: 1761 S. DOVE TAIL DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D  
Name: DICESARE, PAT  
Address: 2432 BORDEAU CT.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D  
Name: HINCHCLIFFE, BILL  
Address: 607 S. E. CALMOSO DRIVE  
City-St-Zip: PORT ST LUCIE, FL 33983

I hereby 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 all other like empowered.

SIGNATURE: SUSAN L. SHARP

TREA

03/10/2010

Electronic Signature of Signing Officer or Director

Date