

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47597

FILED
Mar 19, 2009
Secretary of State

Entity Name: SUNSHINE BRASS BAND, INC.

Current Principal Place of Business:

11007 N RIDGEDALE RD
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

11007 NORTH RIDGEDALE RD
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

11007 N RIDGEDALE RD
TEMPLE TERRACE, FL 33617 US

FEI Number: 59-3142502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOW, LEWIS A
11007 NORTH RIDGEDALE RD
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

GLOW, LEWIS A
11007 NORTH RIDGEDALE RD
TEMPLE TERRACE, FL 33617 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: LEWIS A GLOW

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETO, DAVE
Address: 24932 JOINER CT
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: DETMAN, LINDA
Address: 3309 SAN GABRIEL ST.
City-St-Zip: CLEARWATER, FL 33759

Title: PD () Delete
Name: STIBLING, RANDY
Address: 4909 RIVER BLVD
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: ADAMS, TERRY
Address: 12022 TUSCANY BAY DR #104
City-St-Zip: TAMPA, FL 33626

Title: TSD () Delete
Name: GLOW, LEWIS A
Address: 11007 N RIDGEDALE RD
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD () Delete
Name: GORSKI, PETER A
Address: 1013 ROYAL PASS RD
City-St-Zip: TAMPA, FL 33602

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: D (X) Change () Addition
Name: CHEYNE, JIM
Address: 3238 STONEMAN LOOP
City-St-Zip: LAND O'LAKES, FL 34639

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: LEWIS A GLOW

TSD

03/19/2009

Electronic Signature of Signing Officer or Director

Date