

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 16, 2008  
Secretary of State

DOCUMENT# N93000001175

Entity Name: CONCERT ON THE GREEN, INC.

### Current Principal Place of Business:

515 COLLEGE DRIVE  
DOCTOR'S INLET, FL 32068

### New Principal Place of Business:

### Current Mailing Address:

515 COLLEGE DRIVE  
DOCTOR'S INLET, FL 32068

### New Mailing Address:

FEI Number: 59-3170544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### Name and Address of Current Registered Agent:

WEHNER, MARION U EA  
515 COLLEGE DRIVE  
DOCTOR'S INLET, FL 32068 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: PSTD ( ) Delete  
Name: MYERS, JOY K  
Address: 2099 E WINTERBOURNE  
City-St-Zip: ORANGE PARK, FL 32073

Title: DST ( ) Delete  
Name: WEHNER, MARION U  
Address: 589 BLANDING BLVD.  
City-St-Zip: ORANGE PARK, FL 32073

Title: VPD (X) Delete  
Name: HAMEL-EIFERT, BETH  
Address: 1424 DAHOON WAY  
City-St-Zip: ORANGE PARK, FL 32003

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MYERS, JOY K  
Address: 2099 E WINTERBOURNE  
City-St-Zip: ORANGE PARK, FL 32073

Title: VPD (X) Change ( ) Addition  
Name: WEHNER, MARION U  
Address: 3142 COUNTRY CLUB BLVD  
City-St-Zip: ORANGE PARK, FL 32073

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: MARION U. WEHNER

Electronic Signature of Signing Officer or Director

VPD

04/16/2008

\_\_\_\_\_ Date