2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001175

Entity Name: CONCERT ON THE GREEN, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

515 COLLEGE DRIVE 4980 PINE AVENUE

DOCTOR'S INLET, FL 32068 ORANGE PARK, FL 32003

Current Mailing Address: New Mailing Address:

515 COLLEGE DRIVE P.O. BOX 9000

DOCTOR'S INLET, FL 32068 FLEMING ISLAND, FL 32003

FEI Number: 59-3170544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEHNER, MARION U EA FULLER, BARRY J

515 COLLEGE DRIVE 2301 PARK AVENUE, SUITE 404 ORANGE PARK, FL 32073 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: BARRY J. FULLER 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MYERS, JOY K Name: JOHNSON, LARRY W

Name: MYERS, JOY K Name: JOHNSON, LARRY W
Address: 2099 E WINTERBOURNE Address: 4980 PINE AVENUE
City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32003

Title: VPD () Delete Title: PE/D (X) Change () Addition

 Name:
 WEHNER, MARION U
 Name:
 MANGUS, PRESTON L III

 Address:
 3142 COUNTRY CLUB BLVD
 Address:
 2297 STOCKTON DRIVE

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:
 GREEN COVE SPRINGS, FL 32043

Title: () Delete Title: S/D () Change (X) Addition

 Name:
 Name:
 ARNWINE, PATRICK O

 Address:
 Address:
 1815 CREEKWOOD LANE

 City-St-Zip:
 City-St-Zip:
 ORANGE PARK, FL 32003

Title: T/D () Change (X) Addition

Name: Name: CHOP, NICK

Address: Address: 1207 SALT MARSH LANE
City-St-Zip: City-St-Zip: FLEMING ISLAND, FL 32003

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: LARRY W. JOHNSON P 04/27/2009