

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001175

FILED
Apr 27, 2009
Secretary of State

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:

4980 PINE AVENUE
ORANGE PARK, FL 32003

Current Mailing Address:

515 COLLEGE DRIVE
DOCTOR'S INLET, FL 32068

New Mailing Address:

P.O. BOX 9000
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:

WEHNER, MARION U EA
515 COLLEGE DRIVE
DOCTOR'S INLET, FL 32068 US

Name and Address of New Registered Agent:

FULLER, BARRY J
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:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, LARRY W
Address: 4980 PINE AVENUE
City-St-Zip: ORANGE PARK, FL 32003

Title: PE/D (X) Change () Addition
Name: MANGUS, PRESTON L III
Address: 2297 STOCKTON DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S/D () Change (X) Addition
Name: ARNWINE, PATRICK O
Address: 1815 CREEKWOOD LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: T/D () Change (X) Addition
Name: CHOP, NICK
Address: 1207 SALT MARSH LANE
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

Electronic Signature of Signing Officer or Director

Date