FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9300002899 (3)

THE FLORIDA CONCERT BAND, INC

FILED Feb 10 1998 8:00am Secretary of State

| THE FEORIDA CONCENT DAND, 1110. | | | | |
|---|--|---------------------------------------|---------------------------------------|--|
| Principal Plac | ce of Business | Mailing Address | | |
| 10055-BARIDO TEOUESTA PE US | | P O BOX-445-839 HOBE SOUND FL 33475-4 | 5 8395 | 3. Date Incorporated or Qualified 06/28/1993 4. FEI Number Applied For |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 65-0437465 Not Applicable |
| 21 2879 | SE HAWKSBILLWA | | 395 | 5. Certificate of Status Desired \$8.75 Additional Fee Regulred |
| Suite, Apt. | | Suite, Apt. #, etc. | _ | 6. Election Campaign Financing \$5.00 May Be |
| | 36 Sound | 27 HOBES | OUND | Trust Fund Contribution Added to Fees |
| City & Stat | | City & State | | 7. Is this nonprofit corporation a homeowners association? |
| Zip | Country | 28 F C | Country | Yes This constant |
| 24 334 | -73 25 USA | 29 33475 | 30 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Agent |
| ST Name GEORGE. BLAHUN. | | | | |
| COLLINS, JOHN W | | | | Address (P.O. Box Number is Not Acceptable) |
| 19355 CARIBBEAN COURT | | | 83 38 | 79 S.E. HAWKS BILL WAY |
| TEQUESTA FL 83469 | | | 63 | • |
| | | | 84 City | La P.C. Souland El 85 Zip Code |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered depent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. | | | | |
| SIGNATURE DECILI SLAKUM. GEORGE. BLAHUN. 2/3/98 | | | | |
| 12. | Signature, typed or prigrad name of registered agent | | : Registered Agent signature | |
| TITLE P | OFFICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME | BLAHUN, GEORGE | | 1.2 NAME | STEVE KNECHT |
| STREET ADDRESS | 8879 SE HAWKSBILL WAY | | 1.3 STREET ADDRESS | STEVE KNECHT 8420 & Creft Cir |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | | 1.4 CITY-ST-ZIP | D Hobedoren 1 FL 33455 |
| TITLE | D | DELETE | 2.1 TITLE 5 | JOSEPH FLANDGAN Change HAddition |
| NAME | COLLING, JOHN W | | 2.2 NAME | 315 renderin Isrove Dr. |
| STREET ADDRESS | 19655 CARIBBEAN GOURT | | 2.3 STREET ADDRESS | Staart, FL 234994 |
| CITY-ST-ZIP TITLE | D TEQUESTA FL | ₩ DEL ETE | 2.4 CITY-ST-ZIP | |
| NAME | YOLTON, DAVIS | TES DELETE | 3.1 TITLE 3.2 NAME | Change Addition |
| STREET ADDRESS | 401 PRIVATEER ROAD | | 3.3 STREET ADDRESS | MRS. B. FOX |
| CITY-ST-ZIP | NORTH PALM BCH-FL | | 3.4. CITY-ST-ZIP | PALM BEACH, FL33480 |
| TITLE . | 5 | DELETE | 4.1 TITLE | Change & Addition |
| NAME | TATE, NANCY | | 4. 2 NAME | ROBT. FREDRICK E 2D |
| STREET ADDRESS | 146 NORTH RIVER DRIVE, EAST | ſ | 4.3 STREET ADDRESS | 150 WOOD INCIDED 150 |
| CITY-ST-ZIP | JUPITER FL | E leaf our | 4.4 CITY-ST-ZIP | PALM DEACH, 1-C33480 |
| TITLE | D Sullivan, George — | ₽ DELETE | 5.1 TITLE | ROBT FRE DRICK BRIDGE PD PALM BEACH, FC 33480 PHEC. SHORE Change MAddition 14985EBKY CEDAR CIR- HOBESOUND, FL 33455 |
| NAME STREET ADORESS | \$05-OAK TERRACE | | 5.2 NAME | 7498SE BKY CEDAR CIR. |
| CITY-ST-ZIP | JUPITER FL | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | HORE SOUND IL 33455 |
| TITLE | * *********************************** | DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY_ST_7ID | | | CACITY OF TID | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

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