NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000002899

THE FLORIDA CONCERT BAND, INC.							* 174475	3 - 90073 - 12 	· ·		
Principal Place of Business  8879 SE HAWKS BILL WAY HOBE SOUND FL 33475 US  Mailing Address P O BOX 8395 HOBE SOUND FL 33475 US								<b>11</b>     <b>11</b>     <b>18</b>    <b>15</b>     <b>13</b>     <b>18</b>			
2. Princip 21 Suite,	Principal Place of Business Suite, Apt. #, etc. City & State		2a. 26	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State				3. Date Incorporated or Qualifed 06/28/1993     4. FEI Number 65-0437465     5. Certificate of Status Desired		App	lied For Applicable
Zip   24		Country 25		Zip   Co		Country		Election Campaign Financing     Trust Fund Contribution		\$5.00 M	May Be
	9. Nan	ne and Address of Curr	ent Regis	tered Agent				10. Name and Address of New R	tegistered /	Agent	
. ,		,				81	Name				
BLAHUN, GEORGE					82 Street Address (P.O. Box Number is Not Acceptable)						
8879 SE HAWKSBILL WAY											-
HOBE SOUND FL 33475						83					
1 . Stanford & 38 to					:	84	City	FL 85 Zip Code			
office agent	IRE	nne IKa	rihu	m				oration submits this statement for the n's board of directors. I hereby accep	at the appoint $\mathcal{Q}/I$	atment as reg $2/90$	istered
12	Signature, tyr	ped or printed name of registered a			E: Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12
12.		or of intername of registered a					signature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
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14. Thereby 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 reports 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 corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, do n an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS 7498 SE BAY CEDAR CIR

**HOBE SOUND FL 33455** 

**FILED** 

03-05-1999 90073 012 \*\*\*\*61.25

Mar 05, 1999 8:00 am § Secretary of State