

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005682

FILED
Jan 29, 2007
Secretary of State

Entity Name: THE ST. PETERSBURG COMMUNITY BAND, INC.

Current Principal Place of Business:

4540 54 AVE N
ST PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4540 54 AVE N
ST PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-3536205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, STEWART O
100 FAREHAM PLACE N
SAINT PETERSBURG, FL 337012967 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: D (X) Delete
Name: TONEY, ARNOLD
Address: 96 THATCH PALM ST. EAST
City-St-Zip: LARGO, FL 33770

Title: DT () Delete
Name: ATAMIAN, PEG
Address: 4540 54 AVE N
City-St-Zip: ST PETERSBURG, FL 33714

Title: DP () Delete
Name: SCOTT, VEVA
Address: 2700 65TH AVE. S.
City-St-Zip: ST PETERSBURG, FL 33712

Title: D (X) Delete
Name: BINGHAM, SUSAN
Address: 3100 61 LANE N
City-St-Zip: LARGO, FL 33710

Title: DVP () Delete
Name: SIMMS, ORION
Address: 4880 LOCUST ST. NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: DS () Delete
Name: OLSON, STEWART O
Address: 100 FAREHAM PLACE N
City-St-Zip: SAINT PETERSBURG, FL 337012967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEWART O. OLSON

DS

01/29/2007

Electronic Signature of Signing Officer or Director

Date