2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726237

Entity Name: THE CONCOURSE COUNCIL, INC.

Current Principal Place of Business:

12235 ALRIC POTTBERG ROAD SPRINGHILL. FL 34610

Current Mailing Address:

P.O. BOX 1272

PORT RICHEY, FL 34673 US

FEI Number: 23-7313687 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLS, BRUCE A 11905 OAK TRAIL WAY PORT RICHEY, FL 34668 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: BRUCE MILLS 03/13/2017

Electronic Signature of Registered Agent

Date

FILED Mar 13, 2017

Secretary of State

CC4128262601

Officer/Director Detail:

Title PRESIDENT Title VF

NameCONOVER, KURTNameLUIKART, JAMES SAddress2215 FOGGY RIDGE PARKWAYAddress6442 OELSNER ST.

City-State-Zip: NEW PORT RICHEY FL 34652

City-State-Zip: LAND O' LAKES FL 34639

Title DIRECTOR

TitleSECRETARYNameCAMPBELL, JAMESNameLOWERY, THADAddress7935 RANCH ROADAddress7108 MANDY LANECity-State-Zip:PORT RICHEY FL 34668

City-State-Zip: NEW PORT RICHEY FL 34652 Title DIRECTOR

Title DIRECTOR Name MONTGOMERY, JEFF
Name MESSINA, AL Address 12260 LACEY DRIVE

Address 3049 COLDWELL DRIVE City-State-Zip: NEW PORT RICHEY FL 34654

City-State-Zip: HOLIDAY FL 34691 Title DIRECTOR

Title TREASURER Name GLEWEN, CANDACE
Name SHARP, BARBARA Address 10722 ALICO PASS

Address 18419 MONTOUR DRIVE City-State-Zip: NEW PORT RICHEY FL 34655

City-State-Zip: HUDSON FL 34667 Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: KURT CONOVER PRESIDENT 03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name SCHUERING, SCOTT
Address 13727 LAVENDER AVE.
City-State-Zip: HUDSON FL 34667