

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

Officer/Director Detail :

Title PRESIDENT
Name CONOVER, KURT
Address 2215 FOGGY RIDGE PARKWAY

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

Title SECRETARY
Name LOWERY, THAD
Address 7108 MANDY LANE

City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name MESSINA, AL
Address 3049 COLDWELL DRIVE

City-State-Zip: HOLIDAY FL 34691

Title TREASURER
Name SHARP, BARBARA
Address 18419 MONTOUR DRIVE

City-State-Zip: HUDSON FL 34667

Title VP
Name LUIKART, JAMES S
Address 6442 OELSNER ST.
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name CAMPBELL, JAMES
Address 7935 RANCH ROAD
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR
Name MONTGOMERY, JEFF
Address 12260 LACEY DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name GLEWEN, CANDACE
Address 10722 ALICO PASS
City-State-Zip: NEW PORT RICHEY FL 34655

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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