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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729504 (1)

1. Corporation Name

FOUNDATION FOR PROMOTION OF MUSIC, INC.

Principal Place of Business

Mailing Address

% HAYWOOD C. SMITH, JR.
3917 N.W. 31ST PL.
GAINESVILLE FL 32606

% HAYWOOD C. SMITH, JR.
3917 N.W. 31ST PL.
GAINESVILLE FL 32606



3. Date Incorporated or Qualified

04/26/1974

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, HAYWOOD C JR
3917 NW 31ST ST.
GAINESVILLE FL 32606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 office or registered agent, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P SEAGER, LAURINE**
STREET ADDRESS **1830 NW 51ST TERR.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **VD KING, JAMES**
STREET ADDRESS **RT 4, BOX 105 B**
CITY-ST-ZIP **ALACHUA FL**

TITLE ☐ DELETE

NAME **V KEIG, BETTY**
STREET ADDRESS **8825 NW 4TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **S PRING, BETTE**
STREET ADDRESS **8329 SW 3RD PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **T SMITH, HAYWOOD**
STREET ADDRESS **3917 NW 31ST PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **D AMOTT, JOHN**
STREET ADDRESS **4232 SW 94TH DR.**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 corporation or 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, or on an attachment with an address.

SIGNATURE:

Haywood C. Smith Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96
Date

(352) 378-5469
Daytime Phone #

CP2E037 (12/95)