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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

147980 - 90126 - 18

DOCUMENT # 729504

1. Corporation Name
FOUNDATION FOR PROMOTION OF MUSIC, INC.

Principal Place of Business	Mailing Address
C/O HOLLE, WALTER A 4830 N.W. 43RD ST. K163 GAINESVILLE FL 32606 US	C/O HOLLE, WALTER A 4012 NW 23RD AVE GAINESVILLE FL 32606 US

2. Principal Place of Business 21	2a. Mailing Address 26 4830 NW 43d St.	3. Date Incorporated or Qualifed 04/26/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 K163	4. FEI Number 59-1625322 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Gainesville, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32606 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOLLE, WALTER A
4830 N.W. 43RD ST. K163
4830 N.W. 43RD ST. K163
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMERAGE, GLEN		1.2 NAME		
STREET ADDRESS	2104 NW 15TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JEAGER, FRANZISKA		2.2 NAME		
STREET ADDRESS	111 NW 29TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOUIE, WANDA		3.2 NAME		
STREET ADDRESS	3721 NW 23RD PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	PRING, BETTE		4. 2 NAME		
STREET ADDRESS	8329 SW 3RD PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	32608	
TITLE	TD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HOLLE, WALTER		5.2 NAME		
STREET ADDRESS	4012 NW 23RD CIR		5.3 STREET ADDRESS	4830 NW 43d St. K163	
CITY-ST-ZIP	GAINESVILLE FL 32605		5.4 CITY-ST-ZIP	32606	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	AMOTT, JOHN		6.2 NAME		
STREET ADDRESS	4232 SW 94TH DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	32608	

CR2E037 (11/98)

14. I hereby 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 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, with all other like empowered.

SIGNATURE: Walter A. Holle SIGNATURE REQUIRED Walter A. Holle Treas. Jan. 22, 1999 352/374-6532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #