

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729504

FILED
Jan 14, 2009
Secretary of State

Entity Name: FOUNDATION FOR PROMOTION OF MUSIC, INC.

Current Principal Place of Business:

6417 SW 35TH WAY
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

6417 SW 35TH WAY
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-1625322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRILL, CLAUDIA
6417 SW 35TH WAY
GAINESVILLE, FL 32608 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: P () Delete
Name: BRILL, CLAUDIA H
Address: 6417 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: CARPENTER, SUZANNE
Address: 1024 NW 51ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: WATSON, MERRY MAC
Address: 1910 NW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: JONES, RAYMOND
Address: 4100 NW 28TH LANE, APT 54
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: FOUSE, SARAH
Address: 6411 NW 36TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: POE, CHERYL
Address: 4016 NW 23RD CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

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
Name:
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 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: CLAUDIA H BRILL

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date