## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1998

**DOCUMENT #** 

725040

(1)

FLORIC	DA STATE MUSIC TEACHER	rs foundation, inc	•	
Principal Plac	e of Business	Mailing Address		- TORTIC KOODO TITOL OTCH OOTLY OTDE 1015 ONET DIDIT BIDIT DIDIT DIDIT BIDIT OF STATE OF STATE FIELD
286 HOLLY ROAD VERO BEACH FL 32963 US		286 HOLLY ROAD VERO BEACH FL 32963 US		3. Date Incorporated or Qualified  02/25/1976  4. FEI Number Applied For
				59-1896148 Not Applicable
2. Principal Place of Business		26. Mailing Address		5. Certificate of Status Desired Security \$8.75 Additional Fee Regulired
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	28 Zip	Country	Yes No  8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name				
WILLIAM .	<b>▼ WILLIAMS</b> , JESSIE C			
286 HOLLY ROAD				dress (P.O. Box Number is Not Acceptable)
VERO BEACH FL 32963			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 pented name of trug stered agent and title d applicable. (NOTE, Registered Agent signature required when reinslating)				
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	DELETE	1.1 TITLE	Change Addition
NAME	WILLIAMS, JESSIE		12 NAME	Villiam A. Vessels 212 Surrymonde Dr.
STREET ADDRESS	286 HOLLY ROAD	·	1.3 STREET ADDRESS	212 Surrymocade Dr.
CITY-ST-ZIP	VERO BEACH FL	,	1.4 CITY-ST-ZIP	act conville Fi
TITLE	MD	DELETE	2.1 TITLE C	Change (MAddition)
NAME	COLVERT, JAMES, SR.	•	22 NAME	Readeth H. P. Kindler
STREET ADDRESS	4111 N.W. 79TH AVENUE		2.3 STREET ADDRESS	571 Quail Run Lane
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Drance Park FL 32073 W
TITLE	PD	<b>₩</b> DELETE	3.1 TITLE	Change Addition
NAME	COLVERT, SUE B		3 2 NAME	Millams, Jessie
STREET ADDRESS	4111 NW 79TH AVE		3.3 STREET ADDRESS	recourse
CITY - ST - ZIP	CORAL SPRINGS FL		3.4. CITY-ST-ZIP	76 HOLY 14 20143
TITLE		☐ DELETE	4.1 THILE	Les Succes, the second Change Addition
NAME			4. 2 NAME	•
STREET ADDRESS			4.3 STREET ADDRESS	
CRTY-ST-ZIP			4.4 CITY-ST-ZIP	
THILE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition

14. Thereby 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.

62 NAME

63 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Verse C. Williams

1/9/9 2

**FILED** 

Feb 18 1998 8:00am

Secretary of State

561-231-0365