NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735048

1. Entity Name
Florida State Music Teachers Foundation, Inc

FILED
04 JAN 23 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 04

2. Principal Place of Business	3. Mailing Address
2942 Raines Street	2942 Raines Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Pensacola, FL 32514-6242	Pensacola, FL
City & State	City & State
USA	32514-6242 USA
Zip / Country	Zip / Country

4. FEI Number 59-1896148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Patricia Trimble
Street Address (P.O. Box Number is Not Acceptable): 2942 Raines St
City: Pensacola, FL **FL** Zip Code: 32514-6242

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Pres. Treasurer	TITLE	
NAME	Patricia Trimble	NAME	
STREET ADDRESS	2942 Raines St.	STREET ADDRESS	500027524135
CITY-ST-ZIP	Pensacola, FL 32514-6242	CITY-ST-ZIP	01/23/04--01060--001 **61.25
TITLE	Pres.	TITLE	
NAME	Martha Stabbs	NAME	
STREET ADDRESS	1260 Timberlane Rd	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	CITY-ST-ZIP	
TITLE	Sec.	TITLE	
NAME	Nancy Shackelford	NAME	
STREET ADDRESS	11603 Pine St.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

X **SIGNATURE:** Patricia Trimble Patricia Trimble 1-18-04 850-478-4597