

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # 735048

**1. Entity Name
FLORIDA STATE MUSIC TEACHERS FOUNDATION, INC.**



Principal Place of Business

**2942 RAINES STREET
PENSACOLA, FL 32514-6242 US**

Mailing Address

**2942 RAINES STREET
PENSACOLA, FL 32514-6242 US**



01152005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-1896148**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRIMBLE, PATRICIA
2942 RAINES STREET
PENSACOLA, FL 32514-6242**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	TRIMBLE, PATRICIA
STREET ADDRESS	2942 RAINES STREET
CITY-ST-ZIP	PENSACOLA, FL 325146242
TITLE	P
NAME	STUBBS, MARTHA
STREET ADDRESS	1260 TIMBERLANE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	S
NAME	SCHACKELFORD, NANCY
STREET ADDRESS	11603 PINE STREET
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/05-FC036-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Trimble

Feb 26 2005 850 478 4597