

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 048 ****61.25

DOCUMENT # 735049 1. Entity Name FLORIDA STATE MUSIC TEACHERS ASSOCIATION, INC.					
Principal Place of Business 26050 OLLA COURT PUNTA GORDA, FL 33983			Mailing Address 26050 OLLA COURT PUNTA GORDA, FL 33983		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-1900479
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROZIER, ALBERT J 26050 OLLA COURT PUNTA GORDA, FL 33983			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURON, CHARLES 3908 CAPE VISTA DRIVE BRADENTON, FL 34209		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLOBRE, MILLICENT 13398 JOURNEY'S END FORT MYERS, FL 33905		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE KILTS, PAULETTE 4500 LOVELAND PASS DRIVE EAST JACKSONVILLE, FL 32210		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARLER, REBECCA 11406 W QUEENSWAY DRIVE TEMPLE TERRACE, FL 33617		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLION, ELIZABETH 8504 36TH AVE EAST PALMETTO, FL 34221		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROZIER, ALBERT J 26050 OLLA COURT PUNTA GORDA, FL 33983		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Callobre, Millicent 13398 Journey's End Fort Myers, FL 33905		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kilts, Paulette 4500 Loveland Pass Drive East Jacksonville, FL 32210		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Hebda, Marc 7801 McClure Drive Tallahassee, FL 32312-8094		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARLAR, REBECCA 11406 W. Queensway Drive Temple Terrace, FL 33617		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jarvis, Suzanne 100 Segura Street Royal Palm Beach, FL 33411		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROZIER, ALBERT J 26050 Olla Court Punta Gorda, FL 33983		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Albert J. Rozier*

4/22/2008 941-624-4672