

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 19, 2006
Secretary of State**

DOCUMENT# N01000005332

Entity Name: FLORIDA COLLEGE MUSIC EDUCATORS ASSOCIATION INC.

Current Principal Place of Business:

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3138884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRY, JAMES T
402 OFFICE PLAZA
TALLAHASSEE, FL 32301 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/D () Delete
Name: VANWEELDEN, KIMBERLY
Address: FSU SCHOOL OF MUSIC
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: STD () Delete
Name: BROPHY, TIMOTHY
Address: PO BOX 117900
City-St-Zip: GAINESVILLE, FL 32611 US

Title: M () Delete
Name: PERRY, JAMES T
Address: 402 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HOLCOMB, AL D
Address: 1730 SPRUCE AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: STD (X) Change () Addition
Name: PHILLIPS, KEN
Address: 333 PALMETTO STREET
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES T PERRY

M

05/19/2006

Electronic Signature of Signing Officer or Director

_____ Date