

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 08, 2008  
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 ( )

**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: HOLCOMB, AL D  
Address: 1730 SPRUCE AVENUE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: STD ( ) Delete  
Name: PHILLIPS, KEN  
Address: 333 PALMETTO STREET  
City-St-Zip: WEST PALM BEACH, FL 33405 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: SEYBERT, JOHN  
Address: 4630 VALLEY VIEW DRIVE EAST  
City-St-Zip: LAKELAND, FL 33813 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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

02/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date