

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003190

FILED
Apr 26, 2007
Secretary of State

Entity Name: BAHAMA VILLAGE MUSIC PROGRAM, INC.

Current Principal Place of Business:

727 FORT STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

727 FORT STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 30-0134445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, SUSAN M
221 SIMONTON STREET
KEY WEST, FL 33040 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: PD () Delete
Name: SUSAN, TRIVISONNO
Address: 425 CAROLINE ST
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: WOLMAN, HOWARD
Address: 1509 17TH ST
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: BAIRD, ANNA
Address: 29127 VIOLET DRIVE
City-St-Zip: BIG PINE KEY, FL 33043

Title: SD () Delete
Name: KELLY, BOB
Address: 927 THOMAS ST
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: BOOTH, DON
Address: 411 CATHERINE
City-St-Zip: KEY WEST, FL 33040

Title: D () Change (X) Addition
Name: MARYANN, WARAKOMSKI
Address: 1230 WASHINGTON ST
City-St-Zip: KEY WEST FL, FL 33040 US

Title: D () Change (X) Addition
Name: KELLY, BOB
Address: 927 THOMAS ST
City-St-Zip: KEY WEST, FL 33040 US

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: ANNA BAIRD

TRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date