

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003685
 1. Entity Name
 FLORIDA STATE FIDDLERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 713 P.O. BOX 713
 MICANOPY, FL 32667 MICANOPY, FL 32667

DO NOT WRITE IN THIS SPACE



08082005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STAPLETON, SUZANNE
 7217 N.W. 152ND PLACE
 ALACHUA, FL 32615

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BOLKER, BEN
STREET ADDRESS	2107 NW 4TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32603
TITLE	P
NAME	STAPLETON, MICHAEL V
STREET ADDRESS	7217 N.W. 152ND PLACE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	TD
NAME	STAPLETON, SUZANNE C
STREET ADDRESS	7217 N.W. 152ND PLACE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	S
NAME	MAVEUX, LAUREN
STREET ADDRESS	3249 ARDEN VILLAS BLVD #3
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/15/05-80002-018 61.25

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: Suzanne Stapleton (Suzanne Stapleton) 8/10/05 352-256-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #