


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90119 034 ****61.25

DOCUMENT # N03000008030

1. Entity Name
THE SUZUKI ENDOWMENT FOR MUSIC EDUCATION, INC.



Principal Place of Business
**3100 SOUTH TAMiami TRAIL, STE. A
 SARASOTA, FL 34239**

Mailing Address
**3100 SOUTH TAMiami TRAIL, STE. A
 SARASOTA, FL 34239**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**MIZER, DARRYL
 3100 SOUTH TAMiami TRAIL, STE. A
 SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINTRAUB, MITCHELL 521 PARKVIEW AVE. SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNETT, MERRY 5690 COUNTRY WALK LANE SARASOTA, FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, SUSAN 1756 OAK ST. SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALSTON, VALERIE 3137 CAMPBELL ST. SARASOTA, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZER, DARRYL 8951 HUNTINGTON POINTE DR. SARASOTA, FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LORRAINE 2632 SIESTA DR. SARASOTA, FL 34239	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEHNERT, CHELSEA 1894 LOMA LINDA STREET SARASOTA, FL 34239	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEAUCHAMP, GENEVIEVE 4578 NELSON AVENUE SARASOTA, FL 34231	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Valerie J. Alston* **Valerie J. Alston** 4/28/04 941-366-8100,222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #