


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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
---	---



04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0211315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINTRAUB, MITCHELL 521 PARKVIEW AVE. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNETT, MERRY 5690 COUNTRY WALK LANE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAIER, CAROLINE PO BOX 487 OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALSTON, VALERIE 3137 CAMPBELL ST. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZER, DARRYL 8951 HUNTINGTON POINTE DR. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LORRAINE 2632 SIESTA DR. SARASOTA, FL 34239

1100000508566
04/28/06-80010-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Treasurer 4/12/06 941-316-8100 x 222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VALERIE J. ALSTON