

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005104

FILED
Feb 11, 2009
Secretary of State

Entity Name: THE PERLMAN MUSIC PROGRAM/SARASOTA, INC.

Current Principal Place of Business:

426 PARTRIDGE CIRCLE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 2121
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 26-2714384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELTON, MICHAEL J
426 PARTRIDGE CIRCLE
SARASOTA, FL 34236 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 () Delete
Name: KLEIN, DAVID MD
Address: PO BOX 2121
City-St-Zip: SARASOTA, FL 34230

Title: S/T () Delete
Name: SHELTON, MICHAEL J
Address: 426 PARTRIDGE CIRCLE
City-St-Zip: SARASOTA, FL 34236

Title: VC () Delete
Name: GARNER, DOTTIE B
Address: 1111 RITZ CARLTON DRIVE
City-St-Zip: SARASOTA, FL 34236

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:

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: MICHAEL J SHELTON

S/T

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date