## **FILE NOW: FILING FEE IS \$61.25**

## NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N44766

(6)

TREASURE COAST MUSIC TEACHERS ASSOCIATION, INC.										
Principal Place	of Business	Mailing Address					HILL BURN BLOCK DIRU			
1608 S. KANNER HWY. STUART FL 34994 STUART FL 34994-7152										
						3. Date incorporated or Qualified 08/19/1991	3a. Date of L 08/1	est Re 4/19	eport 96	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Αp	plied For	
21		26				65-0459266		No	Applicable	
Suite, Apt	₩, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1		Additional	
22		27					F		quired	
City & State	•	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be	
<b>23</b> Zip	Country	Zip	Count	trv	<u></u>	This corporation has liability for in			190 022	
24	25	29	30				Yes No	OBI S.	189.032,	
	9. Name and Address of Curren		19.51			10. Name and Address of New Reg				
			8	31 N	Name					
MENNIN	GER, JEANIE		ا ا	32 5	Street Addres	ss (P.O. Box Number is Not Acceptable	e)			
2218 SW WATERVIEW PLACE										
PALM C	ITY FL 34990		6	33						
			8	14 (	City		FL  85	Zip (	Code	
11 Purcuant t	o the provisions of Sections 617 050	2 and 617 1508 Florida State	ites the sho	L	amed corno	ration cultimits this statement for the nu	rpose of chang	alaa it	s registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	by th	e corporatio	ration submits this statement for the pun's board of directors. I hereby accep	t the appointme	int as	registered	
	n tamiliar with and accept the obliga	MO AL ACIO-IA	-iorida Statut	les.		:	1-16-9.	<b>a</b> .		
SIGNATURE _	Signature, typed or Minled name of registered age	nt and title if applicable. (NC	OTE: Registered A	Ageni s	ignature required	d when reinstating)	DATE	1		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	E			☐ Ch	ange	■ Addition	
NAME	MENNIGER, JEANIE		1.2 NAM	<b>I</b> E						
STREET ADDRESS	2218 SW WATERVIEW PLACE	•	1.3 STRE							
CITY-ST-ZIP	PALM CITY FL	DELETE	1,4 CITY		NP		☐ Ch		Addition	
TITLE NAME	VPD DELETE GALLUP, JEAN			2.1 TITLE 2.2 NAME			LJ W	arige	- Adomon	
STREET ADDRESS	1490 COLORADO AVENUE		2.2 NAM 2.3 STRE		DDECC					
CITY-ST-ZIP	STUART FL		2.4 CITY							
TITLE	SD	DELETE	3.1 TITLE		ZIF I		Ch	ange	Addition	
NAME	LENIT, SYDNEY	75	3.2 NAM	1E	İ		_	•		
STREET ADDRESS	629 ST. LCUIE CRESCENT		3.3 STRE	EET ADI	DRESS					
CITY-ST-ZIP	STUART FL		3.4. CITY	Y-ST-	ZiP					
TIFLE	TD	DELETE	4.1 TITU	E			Ch	ange	Addition	
NAME	ROSA, BOBBIE		4. 2 NAN	ME						
STREET ADDRESS	1608 S KANNER HWY		4.3 STRE	EET ADI	DRESS					
CITY-ST-ZIP	STUART FL		4.4 CITY		IP .					
TITLE		DELETE	5.1 TITLE		ł	·	L) Ch	ange	Addition Addition	
NAME			5.2 NAM							
STREET ADDRESS			5.3 STRE		J					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY 6.1 TITLE		3P		Ch	ange	Addition	
NAME			6.2 NAM		- 1		tool Of		- 4000001	
STREET ADDRESS			6.3 STRE		DRESS			•		
CITY-ST-ZIP			6.4 CITY							
14. I do hereb	y certify that the information supplied	with this filing does not qua	lify for the ex	xemp	tion stated i	n Section 119.07(3)(i), Florida Statutes	. I further certify	/ that	the	
information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.										

SIGNATURE: \_

CALLULUS IN DULLA DE CONTROL DE C

3-25-97 (56) 220-222

**FILED** 

Apr 01 1997 8:00am

Secretary of State