FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

N44766

(6)

FILED
Apr 16 1998 8:00am
Secretary of State

	SURE COAST MUSIC TEACH	HERS ASSOCIATION, I	NC.		
1808 S. KANNER HWY. 1608 S. KANNER HWY. STUART FL 34994 STUART FL 34994			3. Date Incorporated or Qualified		
010001111204	1990	STUMMI FL 34894		08/19/1991	
				4. FEI Number	Applied For
8 8 1 1 1 1 1	N			65-0459266	Not Applicable
21	Place of Business	28. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 Ch. 9 Ct-1		27]		Trust Fund Contribution	
City & Stat	е	City & State		7. Is this nonprofit corporation a homeo	
Zip	Country	28		LJ Ye	
24		Zip	Country	8. This corporation owes or has paid th	
24	9. Name and Address of Curren	1 Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registr	Yes W No
	o. Harris and Address of Conten	Litablesian Whelir	81 Name	~ 1	ared Agent
AATAIAMA	IOFO MEALWE		Pa	ilter, Sandra	
MENNINGER, JEANIE			82 Street	Address (P.O. Box Namber is Not Agceptable)	
	N WATERMEW PLACE		66		
PALMIC	FTY FL 34990		" S	enalls Point	
l			84 City		B5 Zip Code
11 Puravaal	to the annulaine of Continue C47 OFO				FL 34996
office or r	egistered agent, or both, in the State	con Florida. Such change was a	es, the above-hamed authorized by the corp	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Flo	orida Statutes.	. /	/
SIGNATURE .	Signature, typed or printed name of registered agei	A cod tills if an in-the-	E: Registered Agent eignature	4/10	198
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1,1 TITLE	0 D	Change Addition
NAME	MENNIGER, JEANIE		1.2 NAME	Polter, Sandra al South River Rd. Sewalls Point, FL 34	
STREET ADDRESS	2218 SW WATERVIEW PLACE		1.3 STREET ADDRESS	at Chilly Diver Rd.	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	Savalle Print F1 34	996
TITLE	VPD	DELETE	2.1 TITLE	Spwaris removing 3 r	☐ Change ☐ Addition
NAME	GALLUP, JEAN		2.2 NAME	VPD A III	C curingo C respective
STREET ADDRESS	1490 COLORADO AVENUE			コン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	
				Presier Cirmy	
CITY-ST-7IP			2.3 STREET ADDRESS	2060 Woodside Way	D
CITY-ST-ZIP TITLE	STUART FL.	☐ DELETE		Ressler, Ciray 2060 Woodside Way Palm City, FL 3499	
	STUART FL TD	☐ D€LETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	Ressler, Ciray 2060 Wood side Way Palm City, FL 3499 TD	Change Addition
TITLE NAME	STUART FL TD ROSA, BOBBIE	☐ D€LETÉ	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Ressler, Ciray 2060 Wood side Way Palm City, FL 3499 TD	
TITLE NAME STREET ADDRESS	STUART FL TD ROSA, BOBBIE 1608 S KANNER HWY	☐ D€LETÉ	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Ressler, Ciray 2060 Wood side Way Palm City, FL 3499 TD Rosa, Bobbie 8187 Se Coernut St.	
TITLE NAME	STUART FL TD ROSA, BOBBIE	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Ressler, Ciray 2060 Wood side Way Palm City, FL 3499 TD	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART FL TD ROSA, BOBBIE 1608 S KANNER HWY		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	Ressler, Ciray 2060 Woodside Way Palm City, FL 3499 TD Rosa, Bobbie 8187 Se Cocrout St. Hobe Sound Fe 33455 Source Manager	☐ Change ☐ Addition☐ Change ☐ Addition☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STUART FL TD ROSA, BOBBIE 1608 S KANNER HWY		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	Ressler, Ciray 2060 Woodside Way Palm City, FL 3499 TD Rosa, Bobbie 8187 Se Cocrout St. Hobe Sound Fe 33455 Source Manager	☐ Change ☐ Addition☐ Change ☐ Addition☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STUART FL TD ROSA, BOBBIE 1608 S KANNER HWY	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Ressler, Ciray 2060 Woodside Way Palm City, FL 3499 TD Rosa, Bobbie 8187 Se Cocrout St. Hobe Sound Fe 33455 Source Manager	☐ Change ☐ Addition☐ Change ☑ Addition☐
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14. 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 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:

Palach Pelsonounce

4/10/98

R2E037 (10/97)