2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# N44766

Entity Name: TREASURE COAST MUSIC TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

1608 S. KANNER HWY.
STUART, FL 34994

New Principal Place of Business:

1433 SE CAMBRIDGE DR.
PORT ST LUCIE, FL 34952

Current Mailing Address:

1608 S. KANNER HWY.
STUART, FL 34994

New Mailing Address:

1433 SE CAMBRIDGE DR.
PORT ST LUCIE, FL 34952

FEI Number: 65-0459266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLINGER, RICHARD L
1021 SE 10TH STREET
STUART, FL 34996 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: SD ( ) Delete
Name: RANCE, NANCY
Address: 1250 SW CEDAR COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VD ( ) Delete
Name: CHELLIS, JENNY
Address: 1194 SW CURTIS ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD ( ) Delete
Name: LABONTE, JOE
Address: 1433 SE CAMBRIDGE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete
Name: BOLLINGER, RICHARD
Address: 1021 SE 10TH STREET
City-St-Zip: STUART, FL 34996

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP2 (X) Change ( ) Addition
Name: HEATH, KARYN
Address: 1137 SW LIGHTHOUSE DR.
City-St-Zip: PALM CITY, FL 34990

Title: PD (X) Change ( ) Addition
Name: LABONTE, JOSEPH
Address: 1433 SE CAMBRIDGE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP (X) Change ( ) Addition
Name: ROTHSCHILD, MARYANN
Address: 1433 SE CAMBRIDGE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TRSR ( ) Change (X) Addition
Name: HAYNES, LYNN
Address: 1850 NW PINE TREE WAY
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH LABONTE PD 04/07/2004

Electronic Signature of Signing Officer or Director — Date