2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N44766

Entity Name: TREASURE COAST MUSIC TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

91 SOUTH RIVER ROAD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

91 SOUTH RIVER ROAD
STUART, FL 34996

New Mailing Address:

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

Name and Address of Current Registered Agent:

PALTER, SANDRA
91 SOUTH RIVER ROAD
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:	SEC	( ) Delete
Name:	RANCE, NANCY	
Address:	1250 SW CEDAR COVE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	PRES	( ) Delete
Name:	KESSLER, CYNTHIA	
Address:	STUART SCHOOL OF MUSIC, 1608 S. KANNER HWY	
City-St-Zip:	STUART, FL 34957 US	
Title:	VP	( ) Delete
Name:	SORIANO, MARIBEL	
Address:	333 TRESSLER DRIVE	
City-St-Zip:	STUART, FL 34994 US	
Title:	VP	( ) Delete
Name:	HAYNES, LYNN L	
Address:	1850 NW PINE TREE WAY	
City-St-Zip:	STUART, FL 34994 US	
Title:	TRSR	( ) Delete
Name:	PALTER, SANDRA	
Address:	91 SOUTH RIVER ROAD	
City-St-Zip:	STUART, FL 34996 US	
Title:	PAR	( ) Delete
Name:	HEATH, KARYN	
Address:	1137 SW LIGHTHOUSE DRIVE	
City-St-Zip:	PALM CITY, FL 34990 US	

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:	
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: SANDRA PALTER TRSR 03/04/2009

Electronic Signature of Signing Officer or Director — Date