

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739680

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE SUNCOAST MUMMERS STRING BAND OF BRADENTON INC.

Current Principal Place of Business:

P.O. BOX 2073
P. O. BOX 2073
PALMETTO, FL 34221

New Principal Place of Business:

751 10TH ST
#609
PALMETTO, FL 34221

Current Mailing Address:

P.O. BOX 2073
P. O. BOX 2073
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 59-1758001 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, AUDREY
35 HARVEST ST
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

BUTLER, BETTY
629 PARK CIRCLE
BRADENTON, FL 34207 US

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: BETTY BUTLER

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHWEIZER, MARJORIE
Address: 751 10TH ST #609
City-St-Zip: PALMETTO, FL 34221

Title: TRES () Delete
Name: MILLER, AUDREY
Address: 35 HARVEST ST
City-St-Zip: BRADENTON, FL 34207

Title: S () Delete
Name: CARTIER, BOB
Address: PO BOX 5486 TE
City-St-Zip: BRADENTON, FL 34281

Title: VP () Delete
Name: LEW, BETTY LOU
Address: 3801 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34207

Title: MSD () Delete
Name: SCHWEIZER, JOHN H
Address: 751 107TH STREET EAST #609
City-St-Zip: PALMETTO, FL 34221

Title: BA () Delete
Name: MILLER, ED
Address: 35 HARVEST ST
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES (X) Change () Addition
Name: BUTLER, BETTY
Address: 629 PARK CIRCLE
City-St-Zip: BRADENTON, FL 34207

Title: S (X) Change () Addition
Name: CHRISTO, DON
Address: 6310 GRAND OAK CIR. APT. 101
City-St-Zip: BRADENTON, FL 34203

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 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: BETTY BUTLER

TRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date