

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005332

**Entity Name:** FLORIDA COLLEGE MUSIC EDUCATORS ASSOCIATION INC.

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC9086002492**

**Current Principal Place of Business:**

402 OFFICE PLAZA  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

402 OFFICE PLAZA  
TALLAHASSEE, FL 32301 US

**FEI Number: 59-3138884**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANZ, KATHLEEN D  
402 OFFICE PLAZA  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P/D	Title	M
Name	PHILLIPS, KENNETH	Name	KATHLEEN, SANZ D
Address	P.O BOX 24708	Address	402 OFFICE PLAZA
City-State-Zip:	WEST PALM BEACH FL 33416-4708	City-State-Zip:	TALLAHASSEE FL 32301

*I hereby 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 all other like empowered.*

**SIGNATURE: KATHLEEN D. SANZ, PHD**

**DIRECTOR**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date