2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006123

Entity Name: FLORIDA CHAMBER MUSIC PROJECT, INC.

Current Principal Place of Business:

334 EAST DUVAL STREET JACKSONVILLE, FL 32202

Current Mailing Address:

334 EAST DUVAL STREET JACKSONVILLE, FL 32202

FEI Number: 35-2484892

Name and Address of Current Registered Agent:

BARKER, EARL M JR. 334 EAST DUVAL STREET JACKSONVILLE, FL 32202 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	D
Name	PARDUE, SUSAN E	Name	EVANS, PATRICE B
Address	1328 INWOOD TERRACE	Address	1328 INWOOD TERRACE
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207
Title	D	Title	D
Name	GENEST, ANNA	Name	MORRIS, ANN
Address	2573 FORBES STREET	Address	1304 HIDEAWAY DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32204	City-State-Zip:	JACKSONVILLE FL 32259
Title	D	Title	D, SECRETARY
Title Name	D CASSEDAY, LAURIE D	Title Name	D, SECRETARY BARKER, EARL M JR.
	-		
Name	CASSEDAY, LAURIE D	Name	BARKER, EARL M JR. 334 EAST DUVAL STREET
Name Address	CASSEDAY, LAURIE D 1736 BROKEN BOW DRIVE WEST	Name Address	BARKER, EARL M JR. 334 EAST DUVAL STREET
Name Address City-State-Zip:	CASSEDAY, LAURIE D 1736 BROKEN BOW DRIVE WEST JACKSONVILLE FL 32225	Name Address City-State-Zip:	BARKER, EARL M JR. 334 EAST DUVAL STREET JACKSONVILLE FL 32202
Name Address City-State-Zip: Title	CASSEDAY, LAURIE D 1736 BROKEN BOW DRIVE WEST JACKSONVILLE FL 32225 PRESIDENT, DIRECTOR	Name Address City-State-Zip: Title	BARKER, EARL M JR. 334 EAST DUVAL STREET JACKSONVILLE FL 32202 DIRECTOR
Name Address City-State-Zip: Title Name	CASSEDAY, LAURIE D 1736 BROKEN BOW DRIVE WEST JACKSONVILLE FL 32225 PRESIDENT, DIRECTOR BERENBERG, DANNY	Name Address City-State-Zip: Title Name	BARKER, EARL M JR. 334 EAST DUVAL STREET JACKSONVILLE FL 32202 DIRECTOR GREENE, CHRISTOPER J

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: EARL M. BARKER, JR.

S

04/23/2014 Date

Electronic Signature of Signing Officer/Director Detail

Date