

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

DOCUMENT# N38690

**FILED**  
**Mar 01, 2014**  
**Secretary of State**  
**CC0815267527**

**Entity Name:** THE FRIENDS OF THE UNIVERSITY OF MIAMI FROST SCHOOL OF MUSIC, INC.

**Current Principal Place of Business:**

11355 SW 112 CIRCLE LANE NORTH  
FRIENDS OF MUSIC  
MIAMI, FL 33176

**Current Mailing Address:**

11355 SW 112 CIRCLE LANE NORTH  
MIAMI, FL 33176 US

**FEI Number: 65-0201227**

**Certificate of Status Desired: No**

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

ALEXANDER, CAROL I  
11355 SW 112 CIRCLE LANE NORTH  
MIAMI, FL 33176 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: CAROL ALEXANDER**

**03/01/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FLOYD, SUZANNE  
Address 11340 SW 120 STREET  
City-State-Zip: MIAMI FL 33176

Title S  
Name BRUCE, THOR WPHD  
Address 3252 RIVIERA DR  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name NEUMANN, ADELE  
Address 1717 N BAYSHORE DRIVE APT 2231  
City-State-Zip: MIAMI FL 33132

Title TD  
Name ALEXANDER, CAROL I  
Address 11355 SW 112 CIR LN NORTH  
City-State-Zip: MIAMI FL 33176

*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: CAROL ALEXANDER**

**TREASURER**

**03/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date