


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90002 042 \*\*\*\*70.00

**DOCUMENT # 701528**

1. Entity Name  
**FLORIDA FEDERATION OF MUSIC CLUBS, INCORPORATED**



Principal Place of Business  
**% SUZANNE CARPENTER, TREASURER**  
**PO BOX 357275**  
**GAINESVILLE, FL 32635-7275 US**

Mailing Address  
**% SUZANNE CARPENTER, TREASURER**  
**PO BOX 357275**  
**GAINESVILLE, FL 32635-7275 US**

**50026459**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

08252006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**23-7205938**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LANCASTER, JUDITH M**  
**4702 GARDENBROOK LANE**  
**ORLANDO, FL 32821**

7. Name and Address of New Registered Agent  
 Name **Suzanne Carpenter**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1024 NW 51st Terrace**  
**Gainesville**  
 City **Gainesville** State **FL** Zip Code **32605**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Suzanne Lapham Carpenter Treasurer** 8/24/06  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$61.25 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LCGRAND, PHILIP 25 RIDGELAKE DR MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nancy Johtz 8114 S. Orange Blossom Trail Orlando, FL 32809-7670 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINELY, BONNIE 1473 MONTCALM ST ORLANDO, FL 328067057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Connie Tuttle-Lill 466 NE 5th AVE Delray Beach FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANCASTER, JUDITH 4702 GARDENBROOK LANE ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Suzanne Carpenter PO Box 357275 Gainesville FL 32635-7275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODEN, HELEN 808 53RD AVE E 128K BRADENTON, FL 342035850 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Anne Cruzent 5530 Le Jeune RD Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUDE, ISABELLA 444 SEMINOLE RD BABSON PARK, FL 338279745 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NFMC Board Member Michael Edwards 891 NW 73rd AVE Plantation, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Suzanne Lapham Carpenter** 8/24/06 352 3735849  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #