


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7205938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARPENTER, SUZANNE
 1024 NW 51ST TERRACE
 GAINESVILLE, FL 32605**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

U00000707043
 04/24/07-80053-025 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONTZ, NANCY 8114 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUTTLE-LILL, CONNIE 466 NE 5TH AVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARPENTER, SUZANNE P O BOX 357275 GAINESVILLE, FL 32635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRUXENT, ANNE 5530 LE JEUNE RD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM EDWARDS, MICHAEL 891 NW 73RD AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Latham Carpenter** 4/13/07 (352) 373-5849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #