


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90003 015 \*\*\*\*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**

**40109665**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		07032008	Chg-NP	CR2E037 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>23-7205938</b>		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CARPENTER, SUZANNE                  1024 NW 51ST TERRACE                  GAINESVILLE, FL 32605</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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.

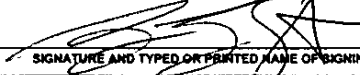
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONTZ, NANCY			NAME	Philip Le Grand		
STREET ADDRESS	8114 S ORANGE BLOSSOM TRAIL			STREET ADDRESS	25 Ridgelake Drive		
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP	Mary Esther, FL 32569-1659		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUTTLE-LILL, CONNIE			NAME			
STREET ADDRESS	466 NE 5TH AVE			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARPENTER, SUZANNE			NAME			
STREET ADDRESS	P O BOX 357275			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32635			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUXENT, ANNE			NAME	Wanda Wiranis		
STREET ADDRESS	5530 LE JEUNE RD			STREET ADDRESS	201 W. Tropical Way		
CITY-ST-ZIP	CORAL GABLES, FL 33146			CITY-ST-ZIP	Plantation, FL 33317-3326		
TITLE	BM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDWARDS, MICHAEL			NAME			
STREET ADDRESS	891 NW 73RD AVE			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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** 7/3/08 (352) 373-5049

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