

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701528

FILED
Feb 01, 2009
Secretary of State

Entity Name: FLORIDA FEDERATION OF MUSIC CLUBS, INCORPORATED

Current Principal Place of Business:

% SUZANNE CARPENTER, TREASURER
PO BOX 357275
GAINESVILLE, FL 326357275 US

New Principal Place of Business:

% SUZANNE CARPENTER, TREASURER
1024 NW 51ST TERRACE
GAINESVILLE, FL 32605 US

Current Mailing Address:

% SUZANNE CARPENTER, TREASURER
PO BOX 357275
GAINESVILLE, FL 326357275 US

New Mailing Address:

FEI Number: 23-7205938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LE GRAND, PHILIP
Address: 25 RIDGELAKE DR
City-St-Zip: MARY ESTHER, FL 325691659

Title: P () Delete
Name: TUTTLE-LILL, CONNIE
Address: 466 NE 5TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: CARPENTER, SUZANNE
Address: P O BOX 357275
City-St-Zip: GAINESVILLE, FL 32635

Title: VP () Delete
Name: WIRANIS, WANDA
Address: 201 W TROPICAL WAY
City-St-Zip: PLANTATION, FL 333173326

Title: BM () Delete
Name: EDWARDS, MICHAEL
Address: 891 NW 73RD AVE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CARPENTER, SUZANNE
Address: PO BOX 357275
City-St-Zip: GAINESVILLE, FL 32635

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE LAPHAM CARPENTER

TREA

02/01/2009

Electronic Signature of Signing Officer or Director

Date