

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705326

FILED
Feb 04, 2004
Secretary of State

Entity Name: THE FLORIDA MUSIC EDUCATORS ASSOCIATION INC.

Current Principal Place of Business:

207 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

207 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-0791022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, JAMES T
207 OFFICE PLAZA
TALLAHASSEE, FL 32301 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: P/D () Delete
Name: HOWES, FRANK R
Address: 5909 DEER FLAG DRIVE
City-St-Zip: LAKELAND, FL 33811 US

Title: V/D () Delete
Name: LIPPERT, CINDY
Address: 1960 LANDINGS BLVD.
City-St-Zip: SARASOTA, FL 34231

Title: V/D () Delete
Name: MINEAR, CAROLYN C
Address: 2820 RAPIDAN TRAIL
City-St-Zip: MAITLAND, FL 32751 US

Title: M () Delete
Name: PERRY, JAMES T
Address: 207 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES T. PERY

M

02/04/2004

Electronic Signature of Signing Officer or Director

Date