2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705326

FILED Feb 08, 2008 Secretary of State

Entity Name: THE FLORIDA MUSIC EDUCATORS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

402 OFFICE PLAZA

TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

402 OFFICE PLAZA

TALLAHASSEE, FL 32301 US

FEI Number: 59-0791022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERRY, JAMES T 402 OFFICE PLAZA

TALLAHASSEE, FL 32301 US

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:

Flateria Gianatas of Davidson I Associ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:

 Name:
 HOWES, FRANK R
 Name:

 Address:
 5909 DEER FLAG DRIVE
 Address:

 City-St-Zip:
 LAKELAND, FL 33811 US
 City-St-Zip

 Title:
 P/D
 () Delete

 Name:
 LIPPERT, CINDY

 Address:
 1960 LANDINGS BLVD.

 City-St-Zip:
 SARASOTA, FL 34231

 Title:
 V/D
 () Delete

 Name:
 REYNOLDS, JEANNE

 Address:
 2164 HARTFORD WAY

 City-St-Zip:
 CLEARWATER, FL 33763 US

Title: M () Delete

 Name:
 PERRY, JAMES T

 Address:
 402 OFFICE PLAZA

 City-St-Zip:
 TALLAHASSEE, FL 32301

Title: P/D (X) Change () Addition Name: REYNOLDS, JEANNE

 Name:
 REYNOLDS, JEANNE

 Address:
 2164 HARTFORD WAY

 City-St-Zip:
 CLEARWATER, FL 33763 US

Title: D (X) Change () Addition

Name: LIPPERT, CINDY
Address: 1960 LANDINGS BLVD.
City-St-Zip: SARASOTA, FL 34231

Title: V/D (X) Change () Addition

Name: LUECHAUER, JOSEPH L Address: 4704 GRANT STREET City-St-Zip: HOLLYWOOD, FL 33021 US

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: JAMES T PERRY M 02/08/2008