# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# 705326

**Entity Name:** THE FLORIDA MUSIC EDUCATORS ASSOCIATION INC.

**Current Principal Place of Business:**

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

402 OFFICE PLAZA
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
402 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: REYNOLDS, JEANNE
Address: 2164 HARTFORD WAY
City-St-Zip: CLEARWATER, FL 33763 US

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

Title: V/D ( ) Delete
Name: LUECHAUER, JOSEPH L
Address: 4704 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: M ( ) Delete
Name: PERRY, JAMES T
Address: 402 OFFICE PLAZA
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 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: VALERIA ANDERSON DIR. 04/30/2009
Electronic Signature of Signing Officer or Director — Date