

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735048

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** FLORIDA STATE MUSIC TEACHERS FOUNDATION, INC.

**Current Principal Place of Business:**

1395 HWY. 95A SOUTH  
CANTONMENT, FL 32533 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 246  
GONZALEZ, FL 32560

**New Mailing Address:**

**FEI Number:** 59-1896148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JENNINGS, WILLIAM  
1395 HWY. 95 A SOUTH  
CANTONMENT, FL 32533 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: T ( ) Delete  
Name: JENNINGS, WILLIAM  
Address: 1395 HWY. 95 A SOUTH  
City-St-Zip: CANTONMENT, FL 32533 US

Title: P ( ) Delete  
Name: MILLICENT, CALLOBONE  
Address: 13398 JOURNEY END SE  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: STUBBS, MARTHA  
Address: 1260 TIMBERLANE RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: KING, HELEN B  
Address: 343 N. STAR DR  
City-St-Zip: PANAMA CITY, FL 324042385

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: MILLICENT, CALLOBRE  
Address: 13398 JOURNEYS END SE  
City-St-Zip: FORT MEYERS, FL 33905

Title: S (X) Change ( ) Addition  
Name: BARLAR, BECKY  
Address: 11406 WEST QUEENSWAY DR.  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PE (X) Change ( ) Addition  
Name: KILTS, PAULETTE  
Address: 4500 LOVELAND PASS DR.EAST  
City-St-Zip: JACKSONVILLE, FL 32210

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: WILLIAM JENNINGS

TREA

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date