2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# 735049

Entity Name: FLORIDA STATE MUSIC TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

26050 OLLA COURT
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

26050 OLLA COURT
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 59-1900479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROZIER, ALBERT J
26050 OLLA COURT
PUNTA GORDA, FL 33983 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:	D	( ) Delete
Name:	MILLICENT, CALLOBRE	
Address:	13398 JOUNEY'S END	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	P	( ) Delete
Name:	KITTS, PAULETTE	
Address:	4500 LOVELAND PASS DRIVE EAST	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	PE	( ) Delete
Name:	HEBDA, MARC	
Address:	7801 MCCLRE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323128094	
Title:	VP	( ) Delete
Name:	BARLAR, REBECCA	
Address:	11406 W QUEENSWAY DR	
City-St-Zip:	TAMPA, FL 33617	
Title:	S	( ) Delete
Name:	JARVIS, SUZANNE	
Address:	100 SEGURA ST	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	T	( ) Delete
Name:	ROZIER, ALBERT J	
Address:	26050 OLLA COURT	
City-St-Zip:	PUNTA GORDA, FL 33983	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PE	(X) Change ( ) Addition
Name:	HEBDA, MARC	
Address:	7801 MCCLURE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323128094	
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: ALBERT J. ROZIER T 05/08/2009
Electronic Signature of Signing Officer or Director — Date