

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90111 007 ****61.25

DOCUMENT # 739680

1. Entity Name

THE SUNCOAST MUMMERS STRING BAND OF BRADENTON INC.



Principal Place of Business

P.O. BOX 2073
P. O. BOX 2073
PALMETTO FL 34221

Mailing Address

P.O. BOX 2073
P. O. BOX 2073
PALMETTO FL 34221

00060000



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1758001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTIER, ROBERT
P.O. BOX 5486 T.E.
BRADENTON FL 34281

7. Name and Address of New Registered Agent

Name **MARJORIE SCHWEIZER**
Street Address (P.O. Box Number is Not Acceptable)
751 10th St. E. #609
City **Palmetto** FL Zip Code **34221**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marjorie M. Schweizer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARTIER, ROBERT	
STREET ADDRESS	P.O. BOX 5486 TRAILER ESTATES	
CITY-ST-ZIP	BRADENTON FL 34281	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWEIZER, MARJORIE	
STREET ADDRESS	751 10TH ST. E. #609	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHADWELL, KATHERINE	
STREET ADDRESS	8441 REGAL WAY	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEW, BETTY LOU	
STREET ADDRESS	3801 21ST. AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	MDD	<input type="checkbox"/> Delete
NAME	SCHWEIZER, JOHN H	
STREET ADDRESS	751 107TH STREET EAST #609	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORHER, JACK	
STREET ADDRESS	108 HOLLAND ST.	
CITY-ST-ZIP	ELLENTON FL 34222	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEW, BETTY LOU	
STREET ADDRESS	3801 21ST AVE W.	
CITY-ST-ZIP	BRADENTON, FL.	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE SCHWEIZER	
STREET ADDRESS	751 10th St. E. #609	
CITY-ST-ZIP	PALMETTO FL. 34221	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, Norma	
STREET ADDRESS	8120 Desota Drive	
CITY-ST-ZIP	ELLENTON FL. 34222	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, Deloris	
STREET ADDRESS	1916 MINNESOTA AVE P.O. Box 6729 TE	
CITY-ST-ZIP	BRADENTON, FL. 34281	
TITLE	Schweizer, John	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Musical Director	
STREET ADDRESS	751 10th St. E. #609	
CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	Business Agent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller ED	
STREET ADDRESS	35 HARVEST ST.	
CITY-ST-ZIP	BRADENTON FL. 34207	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marjorie M. Schweizer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05 (941) 729-4069

Date

Daytime Phone #