


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90120 034 \*\*\*\*61.25

<b>DOCUMENT # 739680</b>					
<b>1. Entity Name</b> THE SUNCOAST MUMMERS STRING BAND OF BRADENTON INC.					
<b>Principal Place of Business</b> P.O. BOX 2073 P. O. BOX 2073 PALMETTO, FL 34221			<b>Mailing Address</b> P.O. BOX 2073 P. O. BOX 2073 PALMETTO, FL 34221		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1758001	
<b>5. Certificate of Status Desired:</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SCHWEIZER, MARJORIE 751 10TH ST E #609 PALMETTO, FL 34221			Name <u>MILLER, AUDREY</u> Street Address (P.O. Box Number is Not Acceptable) <u>35 HARVEST ST.</u> City <u>BRADENTON</u> FL <u>34207</u>		
<b>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.</b>					
SIGNATURE <u>Audrey I. Miller</u> <u>AUDREY I. MILLER, TRES</u> <u>3/15/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEW, BETTY LOU		NAME	SCHWEIZER, MARJORIE	
STREET ADDRESS	3801 21ST AVE W		STREET ADDRESS	751 10TH ST E #609	
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	TRES	<input checked="" type="checkbox"/> Delete	TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIZER, MARJORIE		NAME	MILLER, AUDREY	
STREET ADDRESS	751 10TH ST. E. #609		STREET ADDRESS	35 HARVEST ST.	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, NORMA		NAME	CARTIER, BOB	
STREET ADDRESS	8120 DESOTA DR		STREET ADDRESS	P.O. BOX 5486 T.E	
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP	BRADENTON, FL 34281	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DELORIS		NAME	LEW, BETTY LOU	
STREET ADDRESS	1916 MINNESOTA AVE PO BOX 6729 TE		STREET ADDRESS	3801 21ST AVE W	
CITY-ST-ZIP	BRADENTON, FL 34281		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	MSD	<input type="checkbox"/> Delete	TITLE	MSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIZER, JOHN H		NAME	SCHWEIZER, JOHN H.	
STREET ADDRESS	751 107TH STREET EAST #609		STREET ADDRESS	751 10TH ST. E #609	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	BA	<input type="checkbox"/> Delete	TITLE	BA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ED		NAME	MILLER, ED	
STREET ADDRESS	35 HARVEST ST		STREET ADDRESS	35 HARVEST ST.	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	BRADENTON, FL 34207	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Audrey I. Miller</u> <u>AUDREY I. MILLER</u> <u>3/15/06</u> <u>941-727-1968</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					