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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005759 (4)**

1. Corporation Name

LUZERNE MUSIC CENTER, INC.

Principal Place of Business	Mailing Address
7648 PONTE VERDE WAY NAPLES FL 33942 US	7648 PONTE VERDE WAY NAPLES FL 34109-7144 US

3. Date Incorporated or Qualified: **11/28/1995**
3a. Date of Last Report: **05/20/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **22-2765869** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PHILLIPS, BERT G
7648 PONTE VERDE WAY
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, BERT G		1.2 NAME		
STREET ADDRESS	7648 PONTE VERDE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, TOBY N		2.2 NAME		
STREET ADDRESS	7648 PONTE VERDE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BATT, ANNE C		3.2 NAME		
STREET ADDRESS	9715 GULFSHORE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEGAL, DAVID L		4.2 NAME		
STREET ADDRESS	121 S. BROAD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19106		4.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DANDRIDGE, THOMAS		5.2 NAME		
STREET ADDRESS	3 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE LUZERNE NY 12846		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, GEORGE C		6.2 NAME		
STREET ADDRESS	3 BROADWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE LUZERNE NY 12846		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 941-592-794