2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90015 029 ****61.25

DOCUMENT # N00000006699

1. Entity Name
FORT MYERS MUSIC TEACHERS ASSOCIATION, INC.

54063672

Principal Place of Business	Mailing Address
6861 ST. EDMUNDS LOOP FT. MYERS, FL 33912	6861 ST. EDMUNDS LOOP FT. MYERS, FL 33912

07032004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
17451 CALOOSA TRACE CIR.	17451 CALOOSA
Suite, Apt. #, etc. ~~FT. MYERS, FL.~~	Suite, Apt. #, etc. TRACE CIRCLE
City & State FT. MYERS, FL.	City & State FT. MYERS FL
Zip 33912 Country USA	Zip 33912 Country USA

4. FEI Number 65-1060294 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEAL, MARY G
6861 ST. EDMUNDS LOOP
FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name DANIEL C. LONE
Street Address (P.O. Box Number is Not Acceptable) 17451 CALOOSA TRACE CIRCLE
City FT. MYERS **FL** Zip Code 33912

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 [signature] DANIEL C. LONE, TREASURER 7/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STAHL, CORELLA 8732 CHATHAM ST. FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPT BLEIM, EVELYN 2535 CORTEZ BLVD. FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPT LINLEY-WARNER, JANET 601 PERIWINKLE WAY, UNIT D1 SANIBEL ISLAND, FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SUNDBY, DANDACE 19894 LAKE VISTA CIR. LEHIGH ACRES, FL 33936	☐ Delete	TITLE / (NAME) / STREET ADDRESS / CITY-ST-ZIP	SUNDBY, CANDACE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LONE, DANIEL C 17451 CALOOSA TRACE CIR. FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD RANDOLPH, BETSY DUNCAN 2226 CALADIUM RD. SE FORT MYERS, FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 7/16/04 239-415-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #