2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006699

1. Entity Name
SOUTHWEST FLORIDA MUSIC TEACHERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17451 CALOSSA TRACE FT. MYERS, FL 33912	17451 CALOSSA TRACE FT. MYERS, FL 33912

04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

LONE, DANIEL C
17451 CALOOSA TRACE CIRCLE
FORT MYERS, FL 33912

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

Filing Fee is $61.25
Due by May 1, 2005

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

U00000315155
04/19/05-80024-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STAHL, CORELLA
STREET ADDRESS	8732 CHATHAM ST.
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	1VPT
NAME	BLEIM, EVELYN
STREET ADDRESS	2535 CORTEZ BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	2VPT
NAME	LINLEY-WARNER, JANET
STREET ADDRESS	601 PERIWINKLE WAY, UNIT D1
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	ST
NAME	SUNBY, CANDACE
STREET ADDRESS	19894 LAKE VISTA CIR.
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	DT
NAME	LONE, DANIEL C
STREET ADDRESS	17451 CALOOSA TRACE CIR.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DD
NAME	RANDOLPH, BETSY DUNCAN
STREET ADDRESS	2226 CALADIUM RD. SE
CITY-ST-ZIP	FORT MYERS, FL 33905

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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: _____ 4/14/05 239-415-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #