

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000006699 1. Entity Name SOUTHWEST FLORIDA MUSIC TEACHERS ASSOCIATION, INC.					
Principal Place of Business 17451 CALOSSA TRACE FT. MYERS, FL 33912			Mailing Address 17451 CALOSSA TRACE FT. MYERS, FL 33912		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip 33967 Country		City & State Zip 33967 Country		4. FEI Number 65-1060294	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LONE, DANIEL C 17451 CALOOSA TRACE CIRCLE FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE 11/6/06	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	DP SYNDBY, CANDACE 19894 LAKE VISTA CIR. LEHIGH ACRES, FL 33936	☒ 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	000081790610 11/15/06--01019--010 **61.25	
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 SUNBY, CANDACE 19894 LAKE VISTA CIR. LEHIGH ACRES, FL 33936	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RANDOLPH, BETSY DUNCAN 2226 CALADIUM RD. S.E. FT. MYERS, FL 33905	☒ 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 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.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 11/6/06 Daytime Phone # 239-415-1080		

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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