2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State
09-10-2003 90051 012 ****61.25

DOCUMENT # N00000006699

1. Entity Name

FORT MYERS MUSIC TEACHERS ASSOCIATION, INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
SEAL, MARY G 6861 ST. EDMUNDS LOOP FT. MYERS FL 33912	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

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

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 RANDOLPH, BETSY DUNCAN 2226 CALADIUM ROAD SE FORT MYERS FL 33905	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STAHL, CORELLA 8732 CHATHAM ST. Ft. MYERS FL 33907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPT SMITH, JOANNE A 3451 TRANQUIL CT BONITA SPRINGS FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPT BLEIM, EVELYN 2535 CORTEZ BLVD, Ft. MYERS FL 33901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPT SHAFFER, JULIE 758 109TH AVENUE N NAPLES FL 34108	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPT LINLEY-WARNER, JANET 601 PERIWINKLE WAY, UNIT D1 SANIBEL ISLAND FL 33957	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DUNFEE, LOUANN 148 CHARLES STREET FORT MYERS FL 33905	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECR~~ ST SUNDBY, CANDACE 19894 LAKE VISTA CIR. LEHIGH ACRES FL 33936	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DORSEY-BROWN, JOANN 1656 LONG MEADOW RD FORT MYERS FL 33919	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LOWE, DANIEL C. 17451 CALOOSA TRACE CIR. Ft. MYERS FL 33912	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD SEAL, MARY G 6861 ST EDMUNDS LOOP FORT MYERS FL 33912	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD RANDOLPH, BETSY DUNCAN 2226 CALADIUM Rd SE Ft MYERS FL 33905	☐ Change ☑ Addition

CR2E037 (4/03)

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 REQUIRED DANIEL C. LOWE 9/8/03 239-415-1080