

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90034 050 \*\*\*\*61.25

**DOCUMENT # N00000007359**

1. Entity Name

THE SARASOTA MUSIC TEACHERS ASSOICATION, INC.



Principal Place of Business

4741 ANTLER TRAIL  
SARASOTA FL 34238

Mailing Address

4741 ANTLER TRAIL  
SARASOTA FL 34238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BLAND, EVELINE  
4741 ANTLER TRAIL  
SARASOTA FL 34236

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE ☐ Delete  
NAME HINES, BETTY L  
STREET ADDRESS 1654 REDWOOD ST.  
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete  
NAME BATH, DONNA  
STREET ADDRESS 565 PARK ESTATES SQUARE  
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete  
NAME CUPICHA, DONNA  
STREET ADDRESS 4509 LONGFORD DR  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete  
NAME CONWAY, CARMEN A  
STREET ADDRESS 4399 LONGMEADOW  
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Delete  
NAME BLAND, EVELYN S p.  
STREET ADDRESS 4741 ANTLER TRAIL  
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME BLAND, EVELINE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 19.05 941-924-7549