

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90070 032 *****61.25

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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

4. FEI Number

65-0049529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



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, 2006

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

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

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

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

TITLE D ☐ Delete
NAME BLAND, EVELINE
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 R Vice Pres. ☒ Change ☐ Addition
NAME Ruth Burns
STREET ADDRESS P.O. Box 824
CITY-ST-ZIP SARASOTA 34230

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

TITLE ☐ Change ☐ Addition
NAME Betsy Engels
STREET ADDRESS 6920 Point of Rocks
CITY-ST-ZIP SARASOTA FL 34232

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eveline Bland* EVELINE BLAND 1/25/06 941-924-7549