


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N00000007359 1. Entity Name THE SARASOTA MUSIC TEACHERS ASSOICATION, INC.	
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Principal Place of Business 4741 ANTLER TRAIL SARASOTA, FL 34238	Mailing Address 4741 ANTLER TRAIL SARASOTA, FL 34238
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0049529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLAND, EVELINE 4741 ANTLER TRAIL SARASOTA, FL 34236

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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 <u>EVELINE BLAND</u> <u>Eveline Bland</u> <u>1/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP BURNS, RUTH P.O. BOX 824 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATH, DONNA 565 PARK ESTATES SQUARE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S3 ENGELS, BETSY 6920 POINT OF ROCKS SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, CARMEN A 4399 LONGMEADOW SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAND, EVELINE 4741 ANTLER TRAIL SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000580371 01/10/07-80044-021 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Eveline Bland</u> <u>1/5/07</u> <u>941-924-7549</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
