

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90018 002 ****70.00

DOCUMENT # N00000007795

1. Entity Name

NORTHWEST FLORIDA MUSIC TEACHERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1332 STEPHEN DR.
 PANAMA CITY FL 32405-3633

1332 STEPHEN DR.
 PANAMA CITY FL 32405-3633

2. Principal Place of Business

182 CONCORD Circle

3. Mailing Address

182 CONCORD Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PANAMA City FL

PANAMA City FL

City & State

City & State

4. FEI Number

59-3037900

Applied For

Not Applicable

Zip

Country

32405

USA

Zip

Country

32405

USA

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

BROOKS, TANYA R
 1332 STEPHEN DR.
 PANAMA CITY FL 32405-3633

Name

BETTINA L. FLORY

Street Address (P.O. Box Number is Not Acceptable)

182 CONCORD Circle

City

PANAMA City

FL

Zip Code

32405

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME BROOKS, TANYA R
 STREET ADDRESS 1332 STEPHEN DR.
 CITY-ST-ZIP PANAMA CITY FL 32405-3633

TITLE PD ☒ Change ☐ Addition
 NAME FLORY, Bettina L.
 STREET ADDRESS 182 Concord Circle
 CITY-ST-ZIP PANAMA City FL 32405

TITLE VD ☐ Delete
 NAME PRATHER, ELIZABETH K
 STREET ADDRESS 3521 FLORIDA AVE.
 CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE SD ☐ Delete
 NAME RISINGER, CONNIE
 STREET ADDRESS P.O. BOX 13138
 CITY-ST-ZIP MEXICO BEACH FL 32410

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

TITLE TD ☐ Delete
 NAME BROCK, REBECCA K
 STREET ADDRESS P.O. BOX 1223
 CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE TD ☒ Change ☐ Addition
 NAME BAILLIE, Samuel R.
 STREET ADDRESS 701 Michael Drive
 CITY-ST-ZIP PANAMA City FL 32404

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 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 #

Bettina L. Flory 4-17-02 8507841419

CR2E037 (9/01)