

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007795

FILED
Jan 06, 2004
Secretary of State

Entity Name: NORTHWEST FLORIDA MUSIC TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

182 CONCORD CIRCLE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

182 CONCORD CIRCLE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3037900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORY, BETTINA L
182 CONCORD CIRCLE
PANAMA CITY, FL 32405

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLORY, BETTINA L
Address: 182 CONCORD CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: VD () Delete
Name: PRATHER, ELIZABETH K
Address: 3521 FLORIDA AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: RISINGER, CONNIE
Address: P.O. BOX 13138
City-St-Zip: MEXICO BEACH, FL 32410

Title: TD () Delete
Name: BAILLIE, SAMUEL R
Address: 701 MICHAEL DRIVE
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BROOKS, TANYA R
Address: 1332 STEPHEN DR.
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTINA FLORY

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date