# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2005**
**Secretary of State**

DOCUMENT# N00000007795

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**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: BROOKS, TANYA R
Address: 1332 STEPHEN DR.
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 L. FLORY PD 01/07/2005

Electronic Signature of Signing Officer or Director — Date