

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90216 003 *****61.25

DOCUMENT # N00000007795

1. Entity Name

NORTHWEST FLORIDA MUSIC TEACHERS ASSOCIATION, IN C.



Principal Place of Business

**182 CONCORD CIRCLE
PANAMA CITY FL 32405**

Mailing Address

**182 CONCORD CIRCLE
PANAMA CITY FL 32405**

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 **59-3037900**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLORY, BETTINA L	
STREET ADDRESS	182 CONCORD CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRATHER, ELIZABETH K	
STREET ADDRESS	3521 FLORIDA AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RISINGER, CONNIE	
STREET ADDRESS	P.O. BOX 13138	
CITY-ST-ZIP	MEXICO BEACH FL 32410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAILLIE, SAMUEL R	
STREET ADDRESS	701 MICHAEL DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required

4-8-03 850 784 14/9

CR2037 (10/02)