# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2008**
**Secretary of State**

DOCUMENT# N01000001252

**Entity Name:** HAPCO MUSIC FOUNDATION INC.

**Current Principal Place of Business:**

201 LARGOVISTA DRIVE
OAKLAND, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 784581
WINTER GARDEN, FL 347784581

**New Mailing Address:**

**FEI Number: 59-3704535** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MCMULLEN, JOSEPH P
201 LARGOVISTA DRIVE
OAKLAND, FL 34787 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: MCMULLEN, JOSEPH P
Address: 201 LARGOVISTA DRIVE
City-St-Zip: OAKLAND, FL 34787

Title: D ( ) Delete
Name: TOLBERT, KEN
Address: 201 LARGOVISTA DRIVE
City-St-Zip: OAKLAND, FL 34787

Title: D ( ) Delete
Name: RAMSEY, TRICIA
Address: 20751 NW 2ND AVE #103
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete
Name: BLOUNT, ROBERT P
Address: 15905 DOVER CLIFF DR
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete
Name: MORLEY, ALAN
Address: 8491 NW 23RD AVE
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: GEORGE, CHARLIE
Address: 201 LARGOVISTA DR
City-St-Zip: OAKLAND, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition
Name: BOYD, ORINE
Address: 20 S. ROSE AVENUE, STE 3A
City-St-Zip: KISSIMMEE, FL 34741

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 exemption stated 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 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: JOSEPH P MCMULLEN PD 04/13/2008

Electronic Signature of Signing Officer or Director — Date