2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
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:	BOYD, ORINE	
Address:	20 S. ROSE AVENUE, STE 3A	
City-St-Zip:	KISSIMMEE, FL 34741	
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:	( ) 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 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 PATRICK MCMULLEN P 04/30/2009

Electronic Signature of Signing Officer or Director — Date