2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003
Secretary of State

DOCUMENT# N01000005332

Entity Name: FLORIDA COLLEGE MUSIC EDUCATORS ASSOCIATION INC.

Current Principal Place of Business:

207 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

207 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3138884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, JAMES T
207 OFFICE PLAZA
TALLAHASSEE, FL 32301 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: JOSSIM, JO ANN
Address: 1123 JOHNSON AVE.
City-St-Zip: LAKELAND, FL 33803 US

Title: STD ( ) Delete
Name: GABER, BRIAN
Address: FSU SCHOOL OF MUSIC, 122-A HMU
City-St-Zip: TALLAHASSEE, FL 323061180 US

Title: MD ( ) Delete
Name: PERRY, JAMES T
Address: 207 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VANWEELDEN, KIMBERLY
Address: FSU SCHOOL OF MUSIC
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: STD (X) Change ( ) Addition
Name: BROPHY, TIMOTHY
Address: PO BOX 117900
City-St-Zip: GAINESVILLE, FL 32611 US

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: JAMES T. PERRY MD 01/30/2003

Electronic Signature of Signing Officer or Director — Date