

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005622

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** PRIMA SOUNDS FOUNDATION, INC.

**Current Principal Place of Business:**

1661 WOODLAND AVE.  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1661 WOODLAND AVE.  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 59-3742541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOSEY, RALPH C  
1661 WOODLAND AVE.  
WINTER PARK, FL 32789 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: PTD ( ) Delete  
Name: LOSEY, RALPH C MR  
Address: 1661 WOODLAND AVENUE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VSD ( ) Delete  
Name: LOSEY, MOLLY F MRS.  
Address: 1661 WOODLAND AVENUE  
City-St-Zip: WINTER PARK, FL 32789 US

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

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: /RALPH LOSEY

PTD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date