2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006243

1. Entity Name
THE VOLUSIA COUNTY MUSIC TEACHERS
ASSOCIATION, INC.



FILED Apr 08, 2005 8:00 am Secretary of State

04-08-2005 90050 037 ****61.25

Pincipal Pince of Blusiness 22 PFEAN ST DELANID, FL 32724 2. Principal Pince of Blusiness Suite. April 4, etc. Suite. April 4, etc. Suite. April 4, etc. Suite. April 4, etc. City & State City & State Address (P.O. Box Number is Not Acceptable) City & FL Zip Code City & FL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						TEE						
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Second Applicable Seco	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04042005 Ch	g-NP	CR2E03	7 (10/03)			
E. Harms and Address of Current Registered Agent For Required E. Harms and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named certify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida. I am familiar with, and accept the originators or registered agent, or both, in the State of Florida Decept The Originators or registered agent, or both, in the State of Florida Decept The Originators or registered agent, or both, in the State of Florida Decept The Originators or registered agent, or both, in the State of Florida Decept The Origin	City & State	9	Cit	City & State						· - · · ·		·	
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Sized Address (P.O. Box Number is Not Acceptable) City		-7				Name	· · · · · · · · · · · · · · · · · · ·						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Richa. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Ayest or preserved agent and the FargeLable	223 S WOODLAND BLVD			Street /			ddress (dress (P.O. Box Number is Not Acceptable)					
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Due by May 1, 2005	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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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 legat effect as if more under certify that the information	CITY-ST-ZIP												
	12. I hereby of indicated	certify that the informati on this report or suppl	ion supplied with this filing emental report is true and	does not qualify for accurate and that n	the exe	mption stat ture shall h	ed in Se	ection 119.07(3)(i), Flo same legal effect as if	rida Statutes. I	further cert	tify that the in	nformation or director	

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _

MARIA G. SANTILLI