2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

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Entity Name
THE VOLUSIA COUNTY MUSIC TEACHERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
227 PECAN ST DELAND, FL 32724	227 PECAN ST DELAND, FL 32724

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01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-7218745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUER, KIRK T
223 S WOODLAND BLVD
DELAND, FL 32720

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, TIM
STREET ADDRESS	2509 ROYAL PALM DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	SD
NAME	SHACKELFORD, NANCY
STREET ADDRESS	302 E OAKLAND AVE
CITY-ST-ZIP	OAKLAND, FL 34760
TITLE	TD
NAME	SANTILLI, MARIA
STREET ADDRESS	227 PECAN ST
CITY-ST-ZIP	DELAND, FL 32724
TITLE	VD
NAME	BRADFORD, CAROLYN
STREET ADDRESS	300 RAYMORE AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80120-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria G. Santilli Maria Santilli (TD) 4/10/2006 386-734-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #