

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90039 024 ****61.25

DOCUMENT # N01000006243

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



Principal Place of Business
**227 PECAN ST
DELAND, FL 32724**

Mailing Address
**227 PECAN ST
DELAND, FL 32724**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MURPHY, TIM
STREET ADDRESS 2509 ROYAL PALM DRIVE
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE SD ☒ Delete
NAME SHACKELFORD, NANCY
STREET ADDRESS 302 E OAKLAND AVE
CITY-ST-ZIP OAKLAND, FL 34760

TITLE TD ☐ Delete
NAME SANTILLI, MARIA
STREET ADDRESS 227 PECAN ST
CITY-ST-ZIP DELAND, FL 32724

TITLE VD ☒ Delete
NAME BRADFORD, CAROLYN
STREET ADDRESS 300 RAYMORE AVE
CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Peggy Tosh
STREET ADDRESS 424 Quail Meadow Court
CITY-ST-ZIP DeBary, FL 32713-4503

TITLE SD ☒ Change ☐ Addition
NAME Frances Gordon
STREET ADDRESS 1624 Hazen Rd.
CITY-ST-ZIP DeLand, FL 32720-2502

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Michael Rickman
STREET ADDRESS 216 W. Michigan Ave.
CITY-ST-ZIP DeLand, FL 32720

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 G. SANTILLI**

4/9/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #