

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

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**



04032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TOSH, PEGGY
STREET ADDRESS 424 QUAIL MEADOW COURT
CITY-ST-ZIP DEBARY, FL 327134503

TITLE SD
NAME GORDON, FRANCES
STREET ADDRESS 1624 HAZEN RD
CITY-ST-ZIP DELAND, FL 327202502

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

TITLE VD
NAME RICKMAN, MICHAEL
STREET ADDRESS 216 W. MICHIGAN AVE
CITY-ST-ZIP DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000892787
04/23/08-80079-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA G. Santilli 4/9/2008 (386)734-8814

Date

Daytime Phone #