

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006243

FILED  
Apr 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

227 PECAN ST  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

227 PECAN ST  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 59-7218745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUER, KIRK T  
223 S WOODLAND BLVD  
DELAND, FL 32720 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: PD ( ) Delete  
Name: TOSH, PEGGY  
Address: 424 QUAIL MEADOW COURT  
City-St-Zip: DEBARY, FL 327134503

Title: SD ( ) Delete  
Name: GORDON, FRANCES  
Address: 1624 HAZEN RD  
City-St-Zip: DELAND, FL 327202502

Title: TD ( ) Delete  
Name: SANTILLI, MARIA  
Address: 227 PECAN ST  
City-St-Zip: DELAND, FL 32724

Title: VD ( ) Delete  
Name: RICKMAN, MICHAEL  
Address: 216 W. MICHIGAN AVE  
City-St-Zip: DELAND, FL 32720

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

Title: PD (X) Change ( ) Addition  
Name: BRADFORD, CAROLYN  
Address: 300 RAYMORE AVE.  
City-St-Zip: DELAND, FL 327204924

Title: SD (X) Change ( ) Addition  
Name: MURPHY, TIM  
Address: 2509 ROYAL PALM DRIVE  
City-St-Zip: EDGEWATER, FL 321414911

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: FREE, CHARLAINE  
Address: 621 W. INDIANA AVE, UNIT 15  
City-St-Zip: DELAND, FL 32720

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: MARIA G. SANTILLI

TD

04/01/2009

Electronic Signature of Signing Officer or Director

Date