

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003190

FILED  
May 14, 2009  
Secretary of State

**Entity Name:** BAHAMA VILLAGE MUSIC PROGRAM, INC.

**Current Principal Place of Business:**

727 FORT STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

727 FORT STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 30-0134445      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CARDENAS, SUSAN M  
221 SIMONTON STREET  
KEY WEST, FL 33040 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: SUSAN, TRIVISONNO  
Address: 425 CAROLINE ST  
City-St-Zip: KEY WEST, FL 33040

Title: VPD ( ) Delete  
Name: HAMILTON, DANIEL  
Address: 22 EVERGREEN AVE  
City-St-Zip: KEY HAVEN, FL 33040

Title: TD ( ) Delete  
Name: BAIRD, ANNA  
Address: 29127 VIOLET DRIVE  
City-St-Zip: BIG PINE KEY, FL 33043

Title: SD ( ) Delete  
Name: SCHILL, VERONICA  
Address: 1520 PATRICA LN  
City-St-Zip: KEY WEST, FL 33040

Title: VPD (X) Delete  
Name: WILLIS, TERESA  
Address: 1800 ATLANTIC  
City-St-Zip: KEY WEST FL, FL 33040 US

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

Title: PD (X) Change ( ) Addition  
Name: TERESA, WILLIS  
Address: 1800 ATLANTIC  
City-St-Zip: KEY WEST, FL 33040

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

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

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

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

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: ANNA BAIRD

TREA

05/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date