

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009534

FILED
Apr 13, 2009
Secretary of State

Entity Name: JACKSONVILLE MUSIC TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

6098 WAKULLA SPRINGS RD
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

6098 WAKULLA SPRINGS RD
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-6563232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAZS, JEANNIE W
6098 WAKULLA SPRINGS RD
JACKSONVILLE, FL 32258 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: SD () Delete
Name: EATON, LORRAINE
Address: 2717 ILENE DR.
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD () Delete
Name: HOMSLEY, DENISE
Address: 13294 STONE POND DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD () Delete
Name: ROBERTS, SANDRA
Address: 259 SOUTH OAK DR.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: FREEMAN, LYNN
Address: 960 HOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD (X) Change () Addition
Name: STEWART, SANDRA
Address: 4782 HARPERS FERRY LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD (X) Change () Addition
Name: ATKINSON, BETTY
Address: 2888 EVERHOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32223

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: DR. SANDRA STEWART

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date