2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009907

1. Entity Name
THE AMERICAN TROUBADOUR PROJECT, INC.

Principal Place of Business	Mailing Address
1655 HILLVIEW ST. SARASOTA, FL 34239	1655 HILLVIEW ST. SARASOTA, FL 34239

04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1682023
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASWELL, CHRIS
2364 FRUITVILLE RD.
SARASOTA, FL 34237

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAY, ROBERT
STREET ADDRESS	1655 HILLVIEW ST.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	COOK, MARLOW
STREET ADDRESS	444 WASHINGTON DR. N.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	KAMINSKY, D. STUART
STREET ADDRESS	4604 LITTLE JOHN TRAIL
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D
NAME	FELLERMAN, DORIS
STREET ADDRESS	2 KOHLER CT.
CITY-ST-ZIP	CONGERS, NY 10920
TITLE	D
NAME	MCINTIRE, LEANNE
STREET ADDRESS	1865 HIGHLAND DR.
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	HEATH, DAVID
STREET ADDRESS	335 COLLEEN AVE.
CITY-ST-ZIP	SHOREVIEW, MN 55126

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04/21/05-80052-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert S. Gray ROBERT S. GRAY 4/18/05 941-366-5897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #