2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jun 07, 2007 8:00 am Secretary of State DOCUMENT # N03000002049 1. Entity Name 06-07-2007 90004 013 ****70.00 CENTRAL FLORIDA MUSIC TEACHERS ASSN., INC. Principal Place of Business Mailing Address 214 SWEETWATER CREEK CER E 214 SWEETWATER CFEEK DR E LONG/0000 FL 32779 LONG/0000 FL 32779 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2411 Falkner Rd 2411 Falkner Suite, Apt. #, etc. Suite, Apt. #, etc. 06032007 Chg-NP CR2E037 (12/06) City & State Applied For 4. FEI Number F1 59-1897359 FL Mando Orlando Not Applicable Country Country ひら4 \$8.75 Additional 5. Certificate of Status Desired 22810 $\mathcal{U}SA$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEFFIELD, PRISCILLA 2411 FALKNER RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32810-3012 Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by September 14, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE PD ☐ Delete TITE ☐ Addition FAGAN, ANNA Boukobea, Laurent 231 Prairie Dune Way NAME NAME 2806 IMPERIAL POINT TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP Orlando, FL 32828 VΡ ΠΠĖ ☐ Delete TITLE ☐ Change Addition Anschuetz, Charles **BOUKO, LAURENTS BZA** 438 North Park Ave. STREET ADDRESS 231 PRAIRIE DUNE WAY STREET ADDRESS Apopka FL 32712 CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP TD Delete TILE ☐ Change **L**Addition Heffield, Priscilla 2411 Falkner Rd. FEIGEN BAUM, MYRNA NAME 214 SWEETWATER CRK DR. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-7IP Orlando, FL 32810 Delete nn e Addition nn e Change MCLEAN, ANNE DR Davis, Tammy NAME NAME 444 Osprey Lakes Circle STREET ADDRESS 774 TERR PL STREET ADDRESS Chulusta, FL 32766 CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change Cardatelli, Diane NAME NAME 3419 Seagrape Dr. Winter Park, FL 32792 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nne ☐ Addition Fagar, Anna R806 Imperial Point Terr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Clermont, FL 34711

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.

Prisalla Heffeld

FILED