

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90015 041 \*\*\*\*61.25

**DOCUMENT # N03000003584**

1. Entity Name

THE PAUL HAMILL MUSIC FOUNDATION, INC.



Principal Place of Business  
4236 PALMER AVENUE  
JACKSONVILLE FL 32210-3335

Mailing Address  
4236 PALMER AVENUE  
JACKSONVILLE FL 32210-3335

66411662



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1677958

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILL, KAREN R  
4236 PALMER AVENUE  
JACKSONVILLE FL 32210-3335

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HAMILL, KAREN R ☐ Delete  
STREET ADDRESS 4236 PALMER AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32210-3335

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME GARRETT, GARY ☐ Delete  
STREET ADDRESS 11330 PINE ACRES ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223-8752

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME LEWIS, CRYSTAL ☒ Delete  
STREET ADDRESS 3977 HERSCHEL STREET  
CITY-ST-ZIP JACKSONVILLE FL 32205-9251

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME WOOD, ADAM ☐ Delete  
STREET ADDRESS 4236 PALMER AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32210-3335

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Brennan W. Hamill ☐ Delete  
STREET ADDRESS 4236 Palmer Ave  
CITY-ST-ZIP Jacksonville, FL 32210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Karen R Hamill*

4/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #