

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

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90121 040 ****61.25

DOCUMENT # N03000003685

1. Entity Name

FLORIDA STATE FIDDLERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 713
MICANOPY FL 32667

Mailing Address

P.O. BOX 713
MICANOPY FL 32667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

STAPLETON, SUZANNE
7217 N.W. 152ND PLACE
ALACHUA FL 32615

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

Suzanne Stapleton, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/5/04

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

TITLE NAME ☒ Delete
STREET ADDRESS
CITY - ST - ZIP
PD
LEVY, CHARLES E
426 S.W. 43RD TERRACE
GAINESVILLE FL 32607

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
VD
STAPLETON, MICHAEL V
7217 N.W. 152ND PLACE
ALACHUA FL 32615

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
TD
STAPLETON, SUZANNE C
7217 N.W. 152ND PLACE
ALACHUA FL 32615

TITLE NAME ☒ Delete
STREET ADDRESS
CITY - ST - ZIP
SD
VAN TREESE, KAY
RT 1 BOX 145-G
LAMONT FL 32336

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
LAUREN MAYEUX
3249 ARDEN VILLAS BLVD #3
ORLANDO, FL 32817

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
BEN BOLKER
2107 NW 4th PLACE
GAINESVILLE, FL 32603

TITLE NAME ☐ Change ☐ Addition
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:

Suzanne Stapleton SUZANNE STAPLETON 5/5/04 386-462-9536