

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90076 022 \*\*\*\*61.25

<b>DOCUMENT # N03000008030</b>					
<b>1. Entity Name</b> THE SUZUKI ENDOWMENT FOR MUSIC EDUCATION, INC.					
<b>Principal Place of Business</b> 3100 SOUTH TAMiami TRAIL, STE. A SARASOTA, FL 34239			<b>Mailing Address</b> 3100 SOUTH TAMiami TRAIL, STE. A SARASOTA, FL 34239		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04102007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 20-0211315				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MIZER, DARRYL 3100 SOUTH TAMiami TRAIL, STE. A SARASOTA, FL 34239			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> WEINTRAUB, MITCHELL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> Gigi Cetrulo
<b>STREET ADDRESS</b> 521 PARKVIEW AVE.	<b>CITY - ST - ZIP</b> SARASOTA, FL 34243	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 7041 N. Serenoa Drive	<b>CITY - ST - ZIP</b> SARASOTA, FL 34241
<b>TITLE</b> VD	<b>NAME</b> BURNETT, MERRY	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 5690 COUNTRY WALK LANE	<b>CITY - ST - ZIP</b> SARASOTA, FL 34233	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 
<b>TITLE</b> SD	<b>NAME</b> MAIER, CAROLINE	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> PO BOX 487	<b>CITY - ST - ZIP</b> OSPREY, FL 34229	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 
<b>TITLE</b> TD	<b>NAME</b> ALSTON, VALERIE	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 3137 CAMPBELL ST.	<b>CITY - ST - ZIP</b> SARASOTA, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 
<b>TITLE</b> D	<b>NAME</b> MIZER, DARRYL	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 8951 HUNTINGTON POINTE DR.	<b>CITY - ST - ZIP</b> SARASOTA, FL 34238	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 
<b>TITLE</b> D	<b>NAME</b> SMITH, LORRAINE	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 2632 SIESTA DR.	<b>CITY - ST - ZIP</b> SARASOTA, FL 34239	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 
<b>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.</b>					
<b>SIGNATURE:</b>			4-10-07    941-330-9930		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		