

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90075 009 ****61.25

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DOCUMENT # N04000005803					
1. Entity Name GULF COAST KINDERMUSIK EDUCATIONS ASSOCIATION, INC.					
Principal Place of Business 1191 EGLIN PARKWAY UNIT G SHALIMAR, FL 32579			Mailing Address 1191 EGLIN PARKWAY UNIT G SHALIMAR, FL 32579		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		06302005 Chg-NP CR2E037 (10/03)	
4. FEI Number 20-1237476				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRI, DANIEL C 4 ELEVENTH AVENUE SUITE 1 SHALIMAR, FL 32579				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHALING, JENNYE <input type="checkbox"/> Delete 107 BOCA LAGOON DRIVE PANAMA CITY BEACH, FL 32408				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURRITT, ELIZABETH <input type="checkbox"/> Delete 57 SIXTH AVENUE SHALIMAR, FL 32579				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, SUSAN <input type="checkbox"/> Delete 62 CULPEPPER STREET PENSACOLA, FL 32533				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Elizabeth Burritt</u> Elizabeth Burritt				7/11/05 850-651-1445 Date Daytime Phone #	