

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N04000005803**

1. Entity Name  
**GULF COAST KINDERMUSIK EDUCATORS  
ASSOCIATION, INC.**



Principal Place of Business  
**1191 EGLIN PARKWAY UNIT G  
SHALIMAR, FL 32579**

Mailing Address  
**1191 EGLIN PARKWAY UNIT G  
SHALIMAR, FL 32579**



01162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**20-1237476**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PERRI, DANIEL C  
4 ELEVENTH AVENUE SUITE 1  
SHALIMAR, FL 32579**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHALING, JENNYE  
107 BOCA LAGOON DRIVE  
PANAMA CITY BEACH, FL 32408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURRITT, ELIZABETH  
57 SIXTH AVENUE  
SHALIMAR, FL 32579**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRYAN, SUSAN  
62 CULPEPPER STREET  
PENSACOLA, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000391245  
01/24/06-80032-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Elizabeth Burritt*

Date: 1/17/06

Daytime Phone#: