

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010529

FILED
Sep 05, 2006
Secretary of State

Entity Name: MUSIC IN THE MOUNTAINS, INC.

Current Principal Place of Business:

METTLER, SHELTON, RANDOLPH & MAREK
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480

New Principal Place of Business:

METTLER, SHELTON & RANDOLPH
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480

Current Mailing Address:

METTLER, SHELTON, RANDOLPH & MAREK
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480

New Mailing Address:

METTLER, SHELTON & RANDOLPH
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480

FEI Number: 20-2949979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RANDOLPH, J. CATER II
METTLER, SHELTON, RANDOLPH & MAREK
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

RANDOLPH, J. CATER II
METTLER, SHELTON & RANDOLPH
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480 US

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.

SIGNATURE: J. CATER RANDOLPH, II

09/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, H. MITCHELL
Address: 333 EDEN ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: STD () Delete
Name: BERRYHILL, BRUCE
Address: P.O. BOX 1945
City-St-Zip: CASHIERS, NC 28717

Title: VD () Delete
Name: INGERHAM, PATRICIA
Address: 160 FRANK ALLEN ROAD
City-St-Zip: CASHIERS, NC 28717

Title: VD () Delete
Name: RECTOR, CAROL
Address: BLUE RIDGE SCHOOL, HWY. 107 N.
City-St-Zip: GLENNVILLE, NC 28736

Title: VD () Delete
Name: KERBERG, ROBERT
Address: WESTERN CAROLINA UNIV., DEPT. OF MUSIC
City-St-Zip: CULLOWHEE, NC 28723

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. MITCHELL WATSON

PD

09/05/2006

Electronic Signature of Signing Officer or Director

Date