


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N04000010772</b> 1. Entity Name MUSIC FOR MINORS FOUNDATION, INCORPORATED	
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Principal Place of Business 28447 VERDE LANE BONITA SPRINGS, FL 34135	Mailing Address 28447 VERDE LANE BONITA SPRINGS, FL 34135
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



08072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1895824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDENREICH, DOROTHY  
28447 VERDE LANE  
BONITA SPRINGS, FL 34135

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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when a restriction is)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

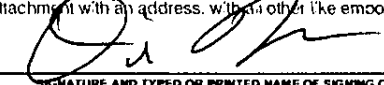
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRIEDENREICH, DOROTHY 28447 VERDE LANE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAWKINS, ELSIE 71 TURQUOISE AVENUE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STICKFORD, ANN 2161 42ND ST. SW #68 NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NELCAMP, TOM 9782 TREASURE CAY LANE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MC TARNAGHAN, ROY 9212 SPRING RUN BLVD. BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRUAX, BEN 9900 TREASURE CAY LANE BONITA SPRINGS, FL 34135

U00000957522  
08/11/08-80004-018 61.25

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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, without other like empowerment.

SIGNATURE:  **8/7/08** **(239) 354-5696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR