2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000646

STINE, JAMES R

TAMPA, FL 33607

1200 N. WESTSHORE BLVD. SUITE 715

Name:

Address:

City-St-Zip:

e: FLORIDA COMPOSERS FORUM IN

FILED May 15, 2006 Secretary of State

Entity Nar	ne: FLORIDA COMPOSERS FORUM, INC.			
Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
200	T CYPRESS STREET _ 33607-178	3030 STARKEY BL\ NEW PORT RICHE		
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
5300 WES 200 TAMPA, FI	T CYPRESS STREET _ 33607	3030 STARKEY BL\ NEW PORT RICHE		
	ce with s. 607.193(2)(b), F.S., the corporation did not	-	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
NAEYAERT, LENNIE M 5300 WEST CYPRESS STREET 200 TAMPA, FL 33607 US		3030 STARKEY BL\	NAEYAERT, LENNIE M 3030 STARKEY BLVD NEW PORT RICHEY, FL 34655 US	
The above in the State	named entity submits this statement for the pue of Florida.	rpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE: LENNIE M. NAEYAERT, P.E.		05/15/2006	
	Electronic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete JOHNSON, A. PAUL 4193 WHITING DR. SE ST. PETERSBURG, FL 33705	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete EPSTEIN, JOAN O 6069 4TH AVE. N. ST. PETERSBURG, FL 33710	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete JOHNSON, CAROLE A 4193 WHITING DR. SE ST. PETERSBURG, FL 33705	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LENNIE M. NAEYAERT EXDR 05/15/2006