


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90068 011 \*\*\*\*61.25

<b>DOCUMENT # N06698</b>		
1. Entity Name THE JOY OF MUSIC, INC.		

Principal Place of Business 400 EAST 7TH ST., STE. 327 BLOOMINGTON, IN 47405	Mailing Address 400 EAST 7TH ST., STE. 327 BLOOMINGTON, IN 47405
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01272006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2474249	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
ROMAN, MARY B 615 KENWOOD DR. SW UNIT A VERO BEACH, FL 32968	

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 May 1, 2006	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	CD <input type="checkbox"/> Delete
NAME	WIENER, RUSSEL DR.
STREET ADDRESS	65 EAST PARKWAY NORTH
CITY-ST-ZIP	MEMPHIS, TN
TITLE	ST <input type="checkbox"/> Delete
NAME	HEALD, CAROLYN MISS
STREET ADDRESS	360 SW 74TH TERRACE
CITY-ST-ZIP	PLANTATION, FL
TITLE	D <input type="checkbox"/> Delete
NAME	ROMAN, MARY
STREET ADDRESS	615 KENWOOD DR. SW
CITY-ST-ZIP	VERO BEACH, FL 34968
TITLE	P <input type="checkbox"/> Delete
NAME	BISH, DIANE
STREET ADDRESS	2008 COVENTANTER DR.
CITY-ST-ZIP	BLOOMINGTON, IN
TITLE	Chairman of Bd <input type="checkbox"/> Delete
NAME	Ralph Schregerdus
STREET ADDRESS	1800 E Fox Lane
CITY-ST-ZIP	Fox Point WI 53217
TITLE	Treasurer <input type="checkbox"/> Delete
NAME	Robert Koebele
STREET ADDRESS	1525 Gull Pond Lane
CITY-ST-ZIP	Greenport LA, NY 11944

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiener, Russel
STREET ADDRESS	No Longer Chairman
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: 	1/26/06	812 855 7997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #