

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06698

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: THE JOY OF MUSIC, INC.

## Current Principal Place of Business:

400 EAST 7TH ST., STE. 327  
BLOOMINGTON, IN 47405

## New Principal Place of Business:

## Current Mailing Address:

400 EAST 7TH ST., STE. 327  
BLOOMINGTON, IN 47405

## New Mailing Address:

FEI Number: 59-2474249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMAN, MARY B  
615 KENWOOD DR. SW  
UNIT A  
VERO BEACH, FL 32968 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: HEALD, CAROLYN MISS  
Address: 360 SW 74TH TERRACE  
City-St-Zip: PLANTATION, FL

Title: D ( ) Delete  
Name: ROMAN, MARY  
Address: 615 KENWOOD DR. SW  
City-St-Zip: VERO BEACH, FL 34968

Title: P ( ) Delete  
Name: BISH, DIANE  
Address: 2008 COVENTANTER DR.  
City-St-Zip: BLOOMINGTON, IN

Title: COB ( ) Delete  
Name: SCHREGARDUS, RALPH  
Address: 1800 E FOX LANE  
City-St-Zip: FOX POINT, WI 53217

Title: T ( ) Delete  
Name: KOEBELE, ROBERT  
Address: 1525 GULL POND LANE  
City-St-Zip: GREENPORT, NY 11944

## 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: DONNA S. LEIS

MGR

01/03/2007

Electronic Signature of Signing Officer or Director

Date