



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 08:00 AM**  
**Secretary of State**

<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
--	--

**DO NOT WRITE IN THIS SPACE**



05152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2474249</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HEALD, CAROLYN MISS 360 SW 74TH TERRACE PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMAN, MARY 615 KENWOOD DR. SW VERO BEACH, FL 34968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BISH, DIANE 2008 COVENTANTER DR. BLOOMINGTON, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB SCHREGARDUS, RALPH 1800 E FOX LANE FOX POINT, WI 53217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOEBELE, ROBERT 1525 GULL POND LANE GREENPORT, NY 11944
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000951535  
06/04/08-80040-001 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Donna S Leis **Donna S Leis** **5/15/08** **812 855 799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #