

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007680

FILED
Jun 17, 2009
Secretary of State

Entity Name: LAURA BROOKE MUSIC FOUNDATION INC.

Current Principal Place of Business:

916 FORESTERIA AVE
WELLINGTON, FL 33414

New Principal Place of Business:

12789 C WEST FOREST HILL BLVD
WELLINGTON, FL 33414

Current Mailing Address:

916 FORESTERIA AVE
WELLINGTON, FL 33414

New Mailing Address:

12789 C WEST FOREST HILL BLVD
WELLINGTON, FL 33414

FEI Number: 41-2248649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUONPASTORE, CYNTHIA
916 FORESTERIA AVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BUONPASTORE, CYNTHIA
12789 C WEST FOREST HILL BLVD
WELLINGTON, FL 33414 US

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: CYNTHIA BUONPASTORE

06/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUONPASTORE, CYNTHIA
Address: 916 FORESTERIA AVE
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUONPASTORE, CYNTHIA
Address: 12789 C WEST FOREST HILL BLVD
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Change (X) Addition
Name: STUART, MELODY
Address: 12789 C WEST FOREST HILL BLVD
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA BUONPASTORE

PD

06/17/2009

Electronic Signature of Signing Officer or Director

Date