2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2009
Secretary of State

DOCUMENT# N07000011613

Entity Name: THOMAS JEFFERSON MUSIC ASSOCIATION, INC.

Current Principal Place of Business:

4401 WEST CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

4401 WEST CYPRESS STREET
A-08
TAMPA, FL 33607

Current Mailing Address:

4401 W. CYPRESS ST.
BAND ROOM A08
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-2097450 **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:

BARCELLO, MICHELLE M
5820 CHURCH ST #211
TAMPA, FL 33614 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: PD ( ) Delete
Name: BARCELLO, MICHELLE M
Address: 4401 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: VD ( ) Delete
Name: BROWN, ROB
Address: 4401 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: TD ( ) Delete
Name: TORRES, DENISE
Address: 4401 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MADISON, DONNA
Address: 4401 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DENISE TORRES TD 08/11/2009
Electronic Signature of Signing Officer or Director — Date