## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000002332

FILED Apr 14, 2009 Secretary of State

Entity Name: THE FRIENDS OF MUSIC OF THE UNIVERSITY OF FLORIDA SCHOOL OF MUSIC, INC..

Current Principal Place of Business: New Principal Place of Business:

THE FRIENDS OF MUSIC UNIVERSITY OF FLORIDA COLLEGE OF FINE ARTS, INNER ROAD GAINESVILLE, FL 32611 US

Current Mailing Address: New Mailing Address:

THE FRIENDS OF MUSIC P.O. BOX 115800 GAINESVILLE, FL 32611 US

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FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINE, CHERIE H 622 NE 1ST STREET GAINESVILLE, FL 32601 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:

Clarkers is Circusture of Decistors of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 FINE, CHERIE H
 Name:
 FINE, CHERIE H

 Address:
 622 NE 1ST STREET
 Address:
 622 NE 1ST STREET

 City-St-Zip:
 GAINESVILLE, FL 32601 US
 City-St-Zip:
 GAINESVILLE, FL 32601 US

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 ELLIS, LAURA
 Name:
 WHITE, STEWART

 Address:
 4609 NW 20TH DRIVE
 Address:
 P.O. BOX 357775

City-St-Zip: GAINESVILLE, FL 32605 US City-St-Zip: GAINESVILLE, FL 32635 US

Title: TRES ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HENDRICKSON, KATHY
 Name:

 Address:
 5126 NW 24TH TERRACE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605 US
 City-St-Zip:

Title: PSTP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MELVIN, SHELLEY
 Name:

 Address:
 4703 NW 95TH BLVD.
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32606 US
 City-St-Zip:

 Name:
 WHITE, STEWART
 Name:

 Address:
 P.O. BOX 357775
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32635 US
 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: CHERIE H FINE PRES 04/14/2009