2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007933

FILED Apr 28, 2009 Secretary of State

Entity Name: FRIENDS FOR THE ADVANCEMENT OF MUSICAL EDUCATION, INC.

urrent P	rincipal Place of Bus	siness:	New Principal Place	of Business:
671 MAN NGLEW	OR RD OOD, FL 34223			
Current Mailing Address:		New Mailing Address	s:	
1671 MANOR RD ENGLEWOOD, FL 34223		1671 MANOR ROAD ENGLEWOOD, FL 34223		
El Number	: FEI N	umber Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of Current	Registered Agent:	Name and Address o	of New Registered Agent:
IVOVAR,	JAMES			
	IOR RD DOD, FL 34223 US	6		
NGLEW®	OOD, FL 34223 US		ourpose of changing its registere	d office or registered agent, or both
NGLEW®	OOD, FL 34223 US named entity submits e of Florida. RE:	this statement for the p		d office or registered agent, or both
NGLEW®	OOD, FL 34223 US named entity submits e of Florida. RE:			d office or registered agent, or both Date
NGLEWO	OOD, FL 34223 US named entity submits e of Florida. RE:	this statement for the p	ent	d office or registered agent, or both, Date ES TO OFFICERS AND DIRECTOR
NGLEWO	OOD, FL 34223 US named entity submits e of Florida. RE: Electronic Sign	this statement for the particles ature of Registered Agr	ent	Date
NGLEWO ne above the State GNATUI FFICER: le: le: ldress:	e named entity submits e of Florida. RE: Electronic Sign S AND DIRECTORS: P () Delete PIVOVAR, JAMES 1671 MANOR RD	this statement for the particle ature of Registered Agr	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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: JAMES PIVOVAR P 04/28/2009