
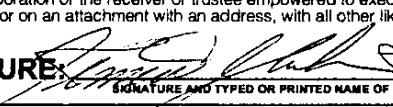


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90314 011 ****61.25

DOCUMENT # N15453 1. Entity Name SOCIETY FOR THE PRESERVATION OF EARLY COUNTRY AND WESTERN MUSIC, INC.					
Principal Place of Business 2616 S PARSONS AVE SEFFNER, FL 33584 US			Mailing Address 2616 S PARSONS AVE SEFFNER, FL 33584 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2771657	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CONKLIN, KEN 2616 S PARSONS AVE SEFFNER, FL 33584				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONKLIN, KEN 2616 S PARSONS AVE SEFFNER, FL 33584	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BETTY BAKER 605 CHAIRVAUX-RUE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOWDEN, AL 8908 N WILLIAM AVE TAMPA, FL 336041160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARRY WORDEN 17804 SIMMS RD. ODDESSA, FL 33556-4727
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HALBERT, HELEN 308 E. NORTH STREET TAMPA, FL 33604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAN POOLE 2702 CEDAR CREST PL VALRICO, FL 33594-5733
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODE, CHARLE 10405 BRUSHFIELD ST RIVERVIEW, FL 335494130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASKELL GRAY 1506 GERTRUDE DR. BRANDON, FL 33511-6436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNEAD, TROY 3512 BARJAR PL. PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASKELL GRAY 1506 GERTRUDE DR. BRANDON, FL 33511-6436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, LOUIE 1819 E. SKAGWAY AVE TAMPA, FL 33604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASKELL GRAY 1506 GERTRUDE DR. BRANDON, FL 33511-6436
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:  KENNETH J. CONKLIN					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3-21-06 Daytime Phone # (813) 689-9266	