

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N17338 1. Entity Name FLORIDA BRASS QUINTET, INC.	
---	---

Principal Place of Business 709 N TAMIAMI TRAIL SARASOTA, FL 34236	Mailing Address 709 N TAMIAMI TRAIL SARASOTA, FL 34236
--	--

DO NOT WRITE IN THIS SPACE



03072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2603081	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCKENNA, JOSEPH 709 N. TAMIAMI TRAIL SARASOTA, FL 34236
--

**DO NOT WRITE
IN THIS SPACE**

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.

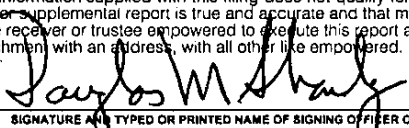
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000664136 03/22/07-80032-010 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEATRICE FRIEDMAN 435 L'AMBIANCE DR PHG LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOULMIN, VIRGINIA 340 S. PALM AVENUE APT 143 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HONEY, MARTHA 3428 HIGHLANDS BRIDGE RD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONSKY, MARIE 8283 SHADOW PINE WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SHANLEY, DOUGLAS M 5271 ASHLEY PKWY SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGTON, BRYAN D 3632 FAIR OAKS PLACE LONGBOAT KEY, FL 34228

**DO NOT WRITE
IN THIS SPACE**

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:  **3/8/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #