

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

01-26-2005 90013 035 ****61.25

DOCUMENT # N23202 1. Entity Name FRIENDS OF THE LYRIC, INC.					
Principal Place of Business 59 FLAGLER AVE STUART, FL 34994			Mailing Address 59 FLAGLER AVE STUART, FL 34994		
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 65-0016846	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LOESSER, JOHN 59 SW FLAGLER AVE STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D BURSON, ROBERT 1569 SE PITCHER RD PORT ST LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED HUNDT, PAULA 900 S. FEDERAL HWY STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULA HUNDT 900 S. FEDERAL HWY STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, MICHAEL 132 43RD STREET VERO BEACH, FL 32968		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EMEL CHRISTIN 59 SW FLAGLER AVE STUART, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELIZAR, DENISE 1268 SE NAPLES LANE PORT ST LUCIE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DENISE Belizar 1268 SE NAPLES LANE Port St Lucie, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAIN, JERRY 55 E. OSCEOLA ST STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT ECKERT 59 SW FLAGLER AVE STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT ECKERT 59 SW FLAGLER AVE STUART, FL 34994	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Eckert SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>Robert Eckert</i> <i>2/28/05</i> <i>772-220-1942</i> <i>PRESIDENT</i> 					

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01172005 Chg-NP CR2E037 (10/03)