## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2006 8:00 am Secretary of State DOCUMENT # N23202 1. Entity Name 02-09-2006 90046 011 \*\*\*\*61.25 FRIENDS OF THE LYRIC, INC. Principal Place of Business Mailing Address 59 FLAGLER AVE 59 FLAGLER AVE STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0016846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOESSER, JOHN Street Address (P.O. Box Number is Not Acceptable) 59 SW FLAGLER AVE STUART FL 34994 City 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 DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITI F ☐ Change Addition BURSON, ROBERT NAME NAME 1569 SE PITCHER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34952 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition HUNDT, PAULA NAME NAME 900 S. FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-7IP 90 Change Change ☐ Delete TITLE ☐ Addition TITLE CHRISSIN, ETHEL NAME NAME STREET ADDRESS 59 SW FLAGLER AVE STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP VPD Delete Addition ☐ Change TITLE TITLE BELIZAR, DENISE Jim Rose 2976 S.E. Dune Drive STREET ADDRESS 1268 SE NAPLES LANE STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE FL 34952 CITY-ST-ZIP Stuart, FL 34996 TITLE ☐ Delete TITLE Change ☐ Addition CAIN, JERRY NAME NAME 55 E. OSCEOLA ST STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-7IP CITY-ST-ZIP PD Delete Addition TITLE TITLE ☐ Change Carleton H. Sheets ECKERT, ROBERT NAME NAME 6773 S.E. Marina Way 59 SW FLAGLER AVE STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP Stuart, FL 34996 CITY-ST-7IP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

erry U. Cain Treas SIGNATURE: