

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90024 046 ****61.25

DOCUMENT # N33794

1. Entity Name

THE FLORIDA FLUTE ASSOCIATION, INC.



Principal Place of Business

% R.G. PETREE
501 N. MAGNOLIA AVE., SUITE A
ORLANDO FL 32801

Mailing Address

% R.G. PETREE
501 N. MAGNOLIA AVE., SUITE A
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2970699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETREE, ROBERT G.
501 NORTH MAGNOLIA AVE.
SUITE A
ORLANDO FL 32801

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD
NAME STAR, CHERYL ☒ Delete
STREET ADDRESS 6500 SW 60TH ST
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE PD
NAME KARL BARTON ☐ Change ☒ Addition
STREET ADDRESS 2308 ORLEANS DR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MD
NAME PETREE, GRACE ☐ Delete
STREET ADDRESS 561 N COUNTRY CLUB RD.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD
NAME JACOBSON, BARBARA ☒ Delete
STREET ADDRESS 2839 HAMMOCK DR
CITY-ST-ZIP PLANT CITY FL 33567

TITLE VD
NAME KIM MCCORMICK ☐ Change ☒ Addition
STREET ADDRESS 6019 PRATT ST
CITY-ST-ZIP TAMPA FL 33647

TITLE VD
NAME WEST, JEAN ☐ Delete
STREET ADDRESS 715 EASTOVER CIRCLE
CITY-ST-ZIP DELAND FL 32724

TITLE CD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME OESTRETCH, MARTHA ☐ Delete
STREET ADDRESS 1837 NE RIDGE AVE
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ADRAGNA, SUSAN ☐ Delete
STREET ADDRESS 1429 CANARY DR
CITY-ST-ZIP DELAND FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXECUTIVE DIRECTOR

GRACE PETREE

1-22-04

407-323-3639