

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33794

FILED  
May 08, 2008  
Secretary of State

Entity Name: THE FLORIDA FLUTE ASSOCIATION, INC.

## Current Principal Place of Business:

5726 CORTEZ RD. W.  
#261  
BRADENTON, FL 34210

## New Principal Place of Business:

## Current Mailing Address:

5726 CORTEZ RD. W.  
#261  
BRADENTON, FL 34210

## New Mailing Address:

FEI Number: 59-2970699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BARTON, KARL S  
2308 ORLEANS DRIVE  
TALLAHASSEE, FL 32308      US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCCORMICK, KIM  
Address: 6019 PRATT ST  
City-St-Zip: TAMPA, FL 33647

Title: MD ( ) Delete  
Name: BRUCE, CINDY  
Address: #261  
City-St-Zip: BRADENTON, FL 34210

Title: VD ( ) Delete  
Name: HESSE, JULIE  
Address: 2901 44 STREET SW  
City-St-Zip: NAPLES, FL 34116

Title: CD ( ) Delete  
Name: BARTON, KARL  
Address: 2308 ORLEANS DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: OESTREICH, MARTHA  
Address: 1837 NE RIDGE AVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: T ( ) Delete  
Name: CLARK, AMY  
Address: 950 S CANNER HWY  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HESSE, JULIE  
Address: 2901 44TH ST SW  
City-St-Zip: NAPLES, FL 34116

Title: MD (X) Change ( ) Addition  
Name: BRUCE, CINDY  
Address: 5726 CORTEZ RD. W. #261  
City-St-Zip: BRADENTON, FL 34210

Title: VD (X) Change ( ) Addition  
Name: STONER, KRISTEN  
Address: 2626 NW 18 WAY  
City-St-Zip: GAINESVILLE, FL 32605

Title: CD (X) Change ( ) Addition  
Name: MCCORMICK, KIM  
Address: 6019 PRATT ST  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY BRUCE

MD

05/08/2008

Electronic Signature of Signing Officer or Director

Date