

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33794

FILED
Mar 21, 2009
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 ()

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: HESSE, JULIE
Address: 2901 44TH ST SW
City-St-Zip: NAPLES, FL 34116

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

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

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

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

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

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

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

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

03/21/2009

Electronic Signature of Signing Officer or Director

Date