

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33794

FILED  
Apr 05, 2012  
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  
**Name:** HAGER, LINDSAY  
**Address:** 518 SW RIVERVIEW AVE  
**City-St-Zip:** STUART, FL 34994

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

**Title:** VD  
**Name:** PRUZAN, IRENE  
**Address:** 5951 PETUNIA LANE  
**City-St-Zip:** ORLANDO, FL 32821

**Title:** CD  
**Name:** STONER, KRISTEN  
**Address:** 2626 NW 18 WAY  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** S  
**Name:** CLARK, AMY  
**Address:** 950 S CANNER HWY  
**City-St-Zip:** STUART, FL 34994

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

I hereby 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 all other like empowered.

**SIGNATURE:** CINDY BRUCE

MD

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date