2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37803

FILED Jun 03, 2005 Secretary of State

Entity Name: MASTERS CHAMBER MUSIC SOCIETY, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	RUS VALLEY CR RBOR, FL 34683	US			
urrent N	Mailing Address:		New Mailing A	ddress:	
	RUS VALLEY CR RBOR, FL 34683	US			
		I Number Applied For() Fi b), F.S., the corporation did not rec	El Number Not Applicable eive the prior notice.	() Certificate of Status Desired ()	
ame and	d Address of Curre	ent Registered Agent:	Name and Add	ress of New Registered Agent:	
	CORMICK DR., SUI ATER, FL 34619 L				
the Stat	e of Florida.	nits this statement for the purpo	ose of changing its rec	gistered office or registered agent, or both,	
	e of Florida. É RE:		ose of changing its reg		
the Stat	e of Florida. É RE:	gnature of Registered Agent		pistered office or registered agent, or both, Date	
the Stat	e of Florida. * RE: Electronic Si	gnature of Registered Agent S:		Date	
the Stat IGNATU FFICER tte: ame: ddress:	e of Florida. RE: Electronic Si S AND DIRECTOR C () Dele ZUPANSIC, JOSEPH 1122-19TH ST. SW	gnature of Registered Agent S: te	ADDITIONS/CH Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTO	
the Stat IGNATU FFICER tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	e of Florida. RE: Electronic Si S AND DIRECTOR C () Dele ZUPANSIC, JOSEPH 1122-19TH ST. SW LARGO, FL 34640 ST () Dele ZUPANSIC, MARGUE 1122-19TH ST. S.W.	gnature of Registered Agent S: te te ERITE	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTOR () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLE J. HAWVER SEC. 06/03/2005