


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90189 040 \*\*\*\*61.25

<b>DOCUMENT # N38690</b> 1. Entity Name <b>THE FRIENDS OF THE UNIVERSITY OF MIAMI SCHOOL OF MUSIC, INC.</b>					
Principal Place of Business <b>6200 SAN AMARO DR. CORAL GABLES, FL 33146-1514</b>			Mailing Address <b>1570 MADRUGA AVE % STAN LEVIN CORAL GABLES, FL 33146</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>65-0201227</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEVIN, STANTON G. 1570 MADRUGA AVE. CORAL GABLES, FL 33146</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROGRIS, NITA		NAME		
STREET ADDRESS	711 CALATRAVA		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUCE, THOR W PHD		NAME		
STREET ADDRESS	3252 RIVIERA DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEUMANN, ADELE		NAME		
STREET ADDRESS	1717 N BAYSHORE DRIVE APT. 2231		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOLANS, HEATHER		NAME	<b>JANET HERROW</b>	
STREET ADDRESS	16100 SW 173RD AVENUE		STREET ADDRESS	<b>7512 SW 102 STREET</b>	
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, JULIE A.S.		NAME		
STREET ADDRESS	1235 NE 96 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRUCE, MALINDA		NAME	<b>CAROL ALEXANDER</b>	
STREET ADDRESS	3252 RIVIERA DRIVE		STREET ADDRESS	<b>11355 SW 112 CIR LN S.</b>	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/16/05 305 982 535 Date Daytime Phone #		