

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90397 049 ****61.25

DOCUMENT # N38690

1. Entity Name
**THE FRIENDS OF THE UNIVERSITY OF MIAMI SCHOOL
OF MUSIC, INC.**



Principal Place of Business
**6200 SAN AMARO DR.
CORAL GABLES, FL 33146-1514**

Mailing Address
**1570 MADRUGA AVE
% STAN LEVIN
CORAL GABLES, FL 33146**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0201227

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVIN, STANTON G.
1570 MADRUGA AVE.
CORAL GABLES, FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **SD** ☒ Delete
STREET ADDRESS **BAINBRIDGE, GAYLE**
CITY-ST-ZIP **8401 SW 65 STREET
MIAMI, FL 331433100**

TITLE
NAME **SD** ☐ Change ☒ Addition
STREET ADDRESS **LYNDA STONE**
CITY-ST-ZIP **700 N.E. 90 ST
MIAMI, FL 33138**

TITLE
NAME **PD** ☐ Delete
STREET ADDRESS **BRUCE, THOR W PHD**
CITY-ST-ZIP **3252 RIVIERA DR
CORAL GABLES, FL 33134**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VPD** ☐ Delete
STREET ADDRESS **NEUMANN, ADELE**
CITY-ST-ZIP **1717 N BAYSHORE DRIVE APT 2231
MIAMI, FL 33132**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VPD** ☐ Delete
STREET ADDRESS **HERRON, JANET**
CITY-ST-ZIP **7512 SW 102 STREET
MIAMI, FL 33156**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **WILLIAMSON, JULIE A.S.**
CITY-ST-ZIP **1235 NE 96 STREET
MIAMI SHORES, FL 33138**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **TD** ☐ Delete
STREET ADDRESS **ALEXANDER, CAROL**
CITY-ST-ZIP **11355 SW 112 CIR LN NORTH
MIAMI, FL 33176**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

Carol Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 305-233-7760

Date

Daytime Phone #