

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38690

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6200 SAN AMARO DR.  
FROST SCHOOL OF MUSIC  
CORAL GABLES, FL 331461514

**New Principal Place of Business:**

**Current Mailing Address:**

1570 MADRUGA AVE  
% STAN LEVIN  
CORAL GABLES, FL 33146

**New Mailing Address:**

9485 SUNSET DRIVE  
% STAN LEVIN, SUITE A-258  
MIAMI, FL 33173

**FEI Number:** 65-0201227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LEVIN, STANTON G.  
9485 SUNSET DRIVE  
% STAN LEVIN, SUITE A-258  
MIAMI, FL 33173 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: STONE, LYNDIA  
Address: 700 NE 90ST  
City-St-Zip: MIAMI, FL 33138

Title: PD ( ) Delete  
Name: BRUCE, THOR W PHD  
Address: 3252 RIVIERA DR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete  
Name: NEUMANN, ADELE  
Address: 1717 N BAYSHORE DRIVE APT 2231  
City-St-Zip: MIAMI, FL 33132

Title: VPD ( ) Delete  
Name: RYAN, RENATE  
Address: 1800 NE 114 STREET, #604  
City-St-Zip: MIAMI, FL 33181

Title: D ( ) Delete  
Name: WILLIAMSON, JULIE A.S.  
Address: 1235 NE 96 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: TD ( ) Delete  
Name: ALEXANDER, CAROL  
Address: 11355 SW 112 CIR LN NORTH  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: STONE, LYNDIA  
Address: 700 NE 90 ST  
City-St-Zip: MIAMI, FL 33138

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

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: THOR W. BRUCE, PH.D.

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date