

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42533** (2)
1. Corporation Name
FRIENDS OF MUSIC OF CHARLOTTE COUNTY, INC.



Principal Place of Business
**1780-24 DEBORAH DR.
PUNTA GORDA FL 33950**

Mailing Address
**1780-24 DEBORAH DR.
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified
03/18/1991

3a. Date of Last Report
02/06/1995

2. Principal Place of Business
710 Springlake, NW
Suite, Apt. #, etc.
Port Charlotte, FL
City & State
33952
Zip
Charlotte

2a. Mailing Address
710 Springlake, NW
Suite, Apt. #, etc.
Port Charlotte, FL
City & State
33952
Zip
Charlotte

4. FEI Number
65-0259462

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**DAWSON, HENRY A.
1780-24 DEBORAH DR.
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
Clarence Randall
Street Address (P.O. Box Number is Not Acceptable)
710 Springlake, NW
Port Charlotte
City
FL Zip Code
33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Clarence Randall* **CLARENCE RANDALL** 17 April 96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	CADDOO, LUCILLE S	2165 EL CERITO CT	PUNTA GORDA FL	<input type="checkbox"/>
VD	HAWK, JANITA	12626 SW SHERI AVE.	PORT CHARLOTTE FL 33999	<input checked="" type="checkbox"/>
PD	DAWSON, HENRY	1780-24 DEBORAH DR	PUNTA GORDA FL	<input checked="" type="checkbox"/>
D	GRAS, ALTA	1557 DORCHESTER ST.	PORT CHARLOTTE FL	<input type="checkbox"/>
D	STAPEL, LOIS	297 PARK ST	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>
D	RANDALL, KATHERINE	710 SPRING LAKE BLVD.	PORT CHARLOTTE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	HEMMERLE, BETTY	1601 Park Beach Circle,	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	CLARENCE RANDALL	710 Springlake, NW	Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	EVELYN HALLENBECK	4158 Tamiami Trail #A-2	Charlotte Harbor, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clarence Randall* **CLARENCE RANDALL** 17 Apr 96 941-677-2741
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)