


FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42533** (2)

1. Corporation Name

FRIENDS OF MUSIC OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

**710 SPRINGLAKE NW
PORTCHARLOTTE FL 33952
US**

**710 SPRINGLAKE NW
PORTCHARLOTTE FL 33952-6435
US**

3. Date Incorporated or Qualified **03/18/1991** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 65-0259462	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANDALL, CLARENCE
710 SPRINGLAKE, NW
PORT CHARLOTTE FL 33952**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADDOO, LUCILLE S	1.2 NAME	
STREET ADDRESS	2165 EL CERITO CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEMMERLE, BETTY	2.2 NAME	HEMMERLE, BETTY
STREET ADDRESS	1601 PARK BEACH CIRCLE	2.3 STREET ADDRESS	1601 PARK BEACH CIRCLE
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, CLARENCE	3.2 NAME	
STREET ADDRESS	710 SPRINGLAKE NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTCHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAS, ALTA	4.2 NAME	
STREET ADDRESS	1557 DORCHESTER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLENBECK, EVELYN	5.2 NAME	
STREET ADDRESS	4158 TAMiami TRAIL A-2	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33952	5.4 CITY-ST-ZIP	
TITLE	D T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, KATHERINE	6.2 NAME	
STREET ADDRESS	710 SPRING LAKE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I do 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 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: **Katherine Randall**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Feb 97 941-627-2741
Date Daytime Phone # 0057766

CR2E037 (9/96)