04081999-90021-015-$61.25-$61.25 * 07091999-90002-032-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $238.25).

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State
04-08-1999 90021 015 ****61.25
07-09-1999 90002 032 ****61.25

DOCUMENT # N42533

1. Corporation Name
FRIENDS OF MUSIC OF CHARLOTTE COUNTY, INC.

* 5 9 4 2 2 3 *
594223 - 90021 - 29

Principal Place of Business	Mailing Address
710 SPRINGLAKE NW PORTCHAROTTE FL 33952 US	710 SPRINGLAKE NW PORTCHAROTTE FL 33952 US

2. Principal Place of Business 1 PORT CHARLOTTE CULTURAL CENTER	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/18/1991
Suite, Apt. #, etc. 2 22-8-0 AARON ST	Suite, Apt. #, etc. 27 P.O. BOX 8041	4. FEI Number 65-0259462 — Applied For / Not Applicable
City & State 3 PORT CHARLOTTE, FL	City & State 28 PORT CHARLOTTE, FL	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 4 33952 — Country 25 US	Zip 29 33949-8041 — Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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: EDWIN C. GRAS 82 Street Address (P.O. Box Number is Not Acceptable): 23053 WESTCHESTER BLVD 83 APT # G-315 84 City: PORT CHARLOTTE, FL — 85 Zip Code: 33980

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: Edwin C. Gras, EDWIN C. GRAS — 7-16-99
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 ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	CADDOO, LUCILLE S	1.2 NAME	MURIEL M. VAN PATTEN
STREET ADDRESS	2165 EL CERITO CT	1.3 STREET ADDRESS	533 SKYLARK LANE
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	P ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	HEMMERLE, BETTY	2.2 NAME	ELIZABETH A. DIDOMENICO
STREET ADDRESS	1601 PARK BEACH CIRCLE	2.3 STREET ADDRESS	4374 NORTHSHORE DRIVE
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33980
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	GRAS, ALTA	3.2 NAME	~~ELIZABETH A. DIDOMENICO~~
STREET ADDRESS	1557 DORCHESTER ST.	3.3 STREET ADDRESS	~~4374 BEACH DRIVE~~
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	~~PORT CHARLOTTE, FL 33952~~
TITLE	D ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	HALLENBECK, EVELYN	4.2 NAME	EDWIN C. GRAS
STREET ADDRESS	4158 TAMIAMI TRAIL A-2	4.3 STREET ADDRESS	23053 WESTCHESTER BLVD, G-315
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33952	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RANDALL, KATHERINE	5.2 NAME	
STREET ADDRESS	710 SPRING LAKE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: ~~EDWIN C. GRAS~~ REQUIRED — EDWIN C. GRAS — 7-4-99 — 941-624-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #