


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90122 032 ****70.00

DOCUMENT # N42533	
1. Entity Name FRIENDS OF MUSIC OF CHARLOTTE COUNTY, INC.	

Principal Place of Business 10287 ARROWHEAD DR. PUNTA GORDA FL 33950 US	Mailing Address 10287 ARROWHEAD DR. PUNTA GORDA FL 33950 US
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2. Principal Place of Business 28 Medalist Pl.	3. Mailing Address 28 Medalist Pl.
Suite, Apt. #, etc. Rotunda West	Suite, Apt. #, etc. Rotunda West
City & State Florida	City & State Florida
Zip 33947	Country Charlotte

1st MOORE CR2E037 (10/04)

4. FEI Number 65-0259462		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SWETT, CONNIE H 10287 ARROWHEAD DR PORT CHARLOTTE FL 33950		
7. Name and Address of New Registered Agent Name Arthur B. Pell Street Address (P.O. Box Number is Not Acceptable) 5721 Hyacinth Rd. City Venice FL Zip Code 34293		

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 ARTHUR B PELL TREAS April 5, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN VOORHEES, BETH 28 MEDALIST PLACE ROTONDA WEST FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Van Voorhees, Beth 28 Medalist Place Rotunda West, FL 33947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASKEY, G.G. 2194 PETERBOROUGH RD. PUNTA GORDA FL 33983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pawlish, Juanita PhD 3306 Trinidad Court Punta Gorda, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWETT, CONNIE H 10287 ARROWHEAD DRIVE PORT CHARLOTTE FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Swett, Connie H. 10287 Arrowhead Drive Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP JUBB, WANDA H 533 SKYLARK LANE NW PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jubb, Wanda H. 533 Skylark Lane NW Port Charlotte FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELL, ARTHUR 5721 HYACINTH ROAD S. VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Arthur B. Pell, Treasurer April 5, 2005 941 408 8582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #