

AMENDED
2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

Updated 4-26-05

DOCUMENT # N42533

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



FILED
 05 JUN -3 AM 10:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 533 SKYLARK LANE NW
 PORT CHARLOTTE
 FL 33952

Mailing Address
 P.O. BOX 510747
 PUNTA GORDA,
 FL 33951-0747

2. Principal Place of Business
 533 SKYLARK LANE NW

3. Mailing Address
 P.O. BOX

Suite, Apt. #, etc.

City & State
 PORT CHARLOTTE, FL

City & State
 PUNTA GORDA

Zip
 33952

Country
 CHARLOTTE

Zip

Country
 CHARLOTTE

01202004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0259462

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SWEET, CONNIE H
 10287 ARROWHEAD DR
 PORT CHARLOTTE, FL 33950
 PRESIDENT

BETH VAN VOORHEES
 28 MEDALIST PLACE
 ROTUNDA WEST, FL 33947

7. Name and Address of New Registered Agent

Name
 BETH VAN VOORHEES

Street Address (P.O. Box Number is Not Acceptable)
 28 MEDALIST PLACE

City
 ROTUNDA WEST FL Zip Code
 33947

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 BETH VAN VOORHEES, PRESIDENT *Beth Van Voorhees 4-26-05

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

Filing Fee is \$61.25
 Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BETH VAN VOORHEES	NAME	100055854261
STREET ADDRESS	28 MEDALIST PLACE	STREET ADDRESS	06/07/05--01047--002 **61.25
CITY-ST-ZIP	ROTUNDA WEST, FL 33947	CITY-ST-ZIP	
TITLE	RECORDING SEC. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MURIEL VAN PATTEN	NAME	
STREET ADDRESS	533 SKYLARK LANE NW	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
TITLE	CORRESP. SEC. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCES REDMAN	NAME	
STREET ADDRESS	23053 WESTCHESTER BVD 507	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP	
TITLE	TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WANDA JUBB	NAME	
STREET ADDRESS	533 SKYLARK LANE NW	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
TITLE	PAST PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CONNIE SWEET	NAME	
STREET ADDRESS	10287 ARROWHEAD DR.	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	
TITLE	SCHOLARSHIP CHAIR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JUANITA PAULSCH	NAME	
STREET ADDRESS	3306 TRINIDAD COURT	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	

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-

Wanda Jubb Treasurer

April 26, 2005
 daytime phone
 941-625-3177