

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2006
Secretary of State**

DOCUMENT# N44766

Entity Name: TREASURE COAST MUSIC TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

1850 NW PINE TREE WAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1850 NW PINE TREE WAY
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0459266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, LYNN L
1850 NW PINE TREE WAY
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: RANCE, NANCY
Address: 1250 SW CEDAR COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PRES () Delete
Name: HEATH, KARYN
Address: 1137 SW LIGHTHOUSE DR.
City-St-Zip: PALM CITY, FL 34990

Title: PP () Delete
Name: LABONTE, JOSEPH
Address: 1433 SE CAMBRIDGE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TRSR () Delete
Name: HAYNES, LYNN L
Address: 1850 NW PINE TREE WAY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN L HAYNES

TRES

03/22/2006

Electronic Signature of Signing Officer or Director

Date