

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 025 ****61.25

DOCUMENT # N47875

1. Entity Name

MANATEE COUNTY MUSIC TEACHERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3105 SOUTHERN PKWY. W.
BRADENTON FL 34205
US

3105 SOUTHERN PKWY. W.
BRADENTON FL 34205
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0341837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BJORKLUND, NANCY MRS.
1912 48TH ST. W.
BRADENTON FL 34209

Name

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

City

FL

Zip Code

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

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, 2007

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: S ☐ Delete
NAME: WEBB, MARY P
STREET ADDRESS: 4807 TURTLE BAY TER
CITY- ST- ZIP: BRADENTON FL 34203

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: TD ☐ Delete
NAME: ZANDSTRA, GERALDINE R
STREET ADDRESS: 3105 SOUTHERN PKWY W
CITY- ST- ZIP: BRADENTON FL 34205

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: PD ☒ Delete
NAME: DILLON, ELIABETH
STREET ADDRESS: 8504 36TH AVE E
CITY- ST- ZIP: PALMETTO FL 34221

TITLE: ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: ☒ Change ☐ Addition
CITY- ST- ZIP: ☒ Change ☐ Addition

TITLE: TMC ☐ Delete
NAME: VARNADORE, EILEEN
STREET ADDRESS: 2310 8TH ST W
CITY- ST- ZIP: PALMETTO FL 34221

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: VD ☐ Delete
NAME: MASON, JAN
STREET ADDRESS: 7407 21ST AVE NW
CITY- ST- ZIP: BRADENTON FL 34209

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lesia Schulha

2/16/07

241-746-2059