


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51243** (6)

1. Corporation Name

PALM BEACH COUNTY MUSIC TEACHERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

2350 EDGEWATER DR
W PALM BEACH FL 33406
US

2350 EDGEWATER DR
W PALM BEACH FL 33406-8714
US



2. Principal Place of Business	2a. Mailing Address
21 2050 Cove Ln	26 2050 Cove Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Juno FL	28 Juno FL
Zip	Zip
24 33408	29 33408
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 10/12/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0386333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, CRYSTAL C
2350 EDGEWATER DR
W PALM BEACH FL 33406

81 Name Mary Ann Rothschild
82 Street Address (P.O. Box Number is Not Acceptable) 2050 Cove Ln
83
84 City Juno
85 Zip Code FL 33408

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 *Mary Ann Rothschild* *Mary Ann Rothschild* **4/28/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, KATHLEEN	1.2 NAME	Rothschild, Mary Ann
STREET ADDRESS	1917 LEM DRIVE APT. 1	1.3 STREET ADDRESS	2050 Cove Ln
CITY - ST - ZIP	JUNO BCH FL	1.4 CITY - ST - ZIP	Juno FL 33408
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, CRYSTAL	2.2 NAME	
STREET ADDRESS	2350 EDGEWATER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JEAN	3.2 NAME	Davis, Joy
STREET ADDRESS	524 PRIVATEER ROAD	3.3 STREET ADDRESS	8310 Dynasty Dr
CITY - ST - ZIP	NORTH PALM BCH FL	3.4 CITY - ST - ZIP	Boca Raton FL 33433
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSCHILD, MARY ANN	4.2 NAME	Young, Susan B
STREET ADDRESS	2050 COVE LANE	4.3 STREET ADDRESS	1035 Spanish River Rd # 111
CITY - ST - ZIP	JUNO FL	4.4 CITY - ST - ZIP	Boca Raton FL 33432
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERER, CAROLYN	5.2 NAME	
STREET ADDRESS	3802 CAPTAINS WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Mary Ann Rothschild* **4/28/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)