2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008
Secretary of State

DOCUMENT# N94000002209

Entity Name: BOWERSOX INSTITUTE OF MUSIC, INC.

Current Principal Place of Business:

296 ODOMS MILL BLVD
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

296 ODOMS MILL BLVD
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3313664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTERSON, LAWRENCE R
3010 SOUTH THIRD ST
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

PATTERSON, LAWRENCE R STEVE B
3010 SOUTH THIRD ST
JACKSONVILLE BEACH, FL 32250 US

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: LAWRENCE PATTERSON 09/08/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOWERSOX, STEVE
Address: 296 ODOMS MILL BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST ( ) Delete
Name: BOWERSOX, KATHY
Address: 296 ODOMS MILL BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VT ( ) Delete
Name: GIBBS, KEITH
Address: 78 TALLWOOD RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete
Name: YOST, SEAN
Address: 293 W. SILVERTHORN LN
City-St-Zip: PONTE VEDRA BEACH, FL 32081

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 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: STEVE BOWERSOX PD 09/08/2008
Electronic Signature of Signing Officer or Director Date