

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002048**

1. Entity Name  
**CENTRAL FLORIDA MUSICIANS' ASSOCIATION, LOCAL  
389, INC.**



Principal Place of Business  
**3020 EAST ROBINSON STREET  
ORLANDO, FL 32803 US**

Mailing Address  
**3020 EAST ROBINSON STREET  
ORLANDO, FL 32803 US**



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0752934**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AVILA, MICHAEL P  
3020 E ROBINSON STREET  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AVILA, MICHAEL P 3020 EAST ROBINSON STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAMBITO, SAM P.O. BOX 261 GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, DANIEL 919 ARLINGTON BLVD ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BARRY 3020 EAST ROBINSON STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANSBY-WELLS, DEBORAH 3020 EAST ROBINSON STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKFORD, NANCY 1515 FALCON CT. ORLANDO, FL 32803

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01/17/07-80075-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**MIKE AVILA, PRES**

Date

Daytime Phone #

**JAN - 8 2007**

**407-894-8666**