

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90016 037 \*\*\*\*61.25

**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**



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-0752934**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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**

**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

Date

Daytime Phone #

*Mike Avila President 1/11/08*