


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90173 035 \*\*\*\*70.00

DOCUMENT # N95000004251			
1. Entity Name GULF COAST BLUEGRASS MUSIC ASSOCIATION, INC.			
Principal Place of Business C/O BETTY CROPSY 7362 WYMART RD. PENSACOLA, FL 32526		Mailing Address C/O BETTY CROPSY 7362 WYMART RD. PENSACOLA, FL 32526	
2. Principal Place of Business 5604 Richmond Court		3. Mailing Address 5604 Richmond Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pace, FL		City & State Pace, FL	
4. FEI Number 59-3238461		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03292006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent CROPSY, BETTY M 7362 WYMART RD. PENSACOLA, FL 32526		7. Name and Address of New Registered Agent Elizabeth Cooley Street Address (P.O. Box Number is Not Acceptable) 5604 Richmond Court City Pace FL Zip Code 32571	
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 <i>Elizabeth Cooley</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4-13-06</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete NAME SAMUEL, CHARLES STREET ADDRESS 4569 SOUTHERN PLACE CITY-ST-ZIP PACE, FL 32571	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Tom Easley STREET ADDRESS 29840 Spring Branch Road CITY-ST-ZIP Elberta, AL 36530	TITLE VP <input type="checkbox"/> Delete NAME WRIGHT, WAYNE STREET ADDRESS 5861 LEESWAY BLVD. CITY-ST-ZIP PENSACOLA, FL 32504	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Clinton Eckenrode STREET ADDRESS 301 Lincoln Drive CITY-ST-ZIP Fort Walton Beach, FL 32547
TITLE S <input type="checkbox"/> Delete NAME COOLEY, ELIZABETH STREET ADDRESS 5604 RICHMOND COURT CITY-ST-ZIP PACE, FL 32571	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Logan Fink STREET ADDRESS 7210 Belgium CITY-ST-ZIP Pensacola, FL 32526	TITLE T <input type="checkbox"/> Delete NAME SHRYOCK, MILTON STREET ADDRESS 4841 ALEFF ROAD CITY-ST-ZIP PACE, FL 32571	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME BLANTON, MIKE STREET ADDRESS 4771 EASTER STREET CITY-ST-ZIP PACE, FL 32571	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete NAME BOSTIC, BEN STREET ADDRESS 5648 TREVINO DRIVE CITY-ST-ZIP MILTON, FL 32570	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Elizabeth Cooley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date April 13, 2006 850-994-7094	