

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90059 013 \*\*\*\*70.00

**DOCUMENT # N96000003722**

1. Corporation Name

**COMMUNITY MUSIC SCHOOL OF SOUTH FLORIDA, INC.**

Principal Place of Business

172 YACHT HARBOR DR  
OSPREY FL 34229  
US

Mailing Address

4029 BEE RIDGE RD  
STE 5111  
SARASOTA FL 34233  
US

515245 - 90059 - 13



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/02/1996

4. FEI Number

65-0685932

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GELDI, JOHN J JR  
172 YACHT HARBOR DRIVE  
OSPREY FL 34229-9727

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0603, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JOHN J. GELDI, JR.

4/30/99

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME GELDI, JOHN J JR  
STREET ADDRESS 172 YACHT HARBOR DRIVE  
CITY-ST-ZIP OSPREY FL

☐ DELETE

TITLE VPD  
NAME LOVINGOOD, JOAN M  
STREET ADDRESS 4560 COOPER RD  
CITY-ST-ZIP SARASOTA FL 34232

☐ DELETE

TITLE TD  
NAME MOULTON, MAR L  
STREET ADDRESS 3798 COUNTRYSIDE RD  
CITY-ST-ZIP SARASOTA FL 34233

☐ DELETE

TITLE SD  
NAME GELDI, MARY C  
STREET ADDRESS 172 YACHT HARBOR DR  
CITY-ST-ZIP OSPREY FL 34229

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VPTD  
MOULTON MARY-LOU  
3798 COUNTRYSIDE RD  
SARASOTA, FL 34229

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/90

941 966 7684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)