2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000003722

1. Entity Name COMMUNITY MUSIC SCHOOL OF SOUTH FLORIDA, INC.



FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90180 020 ****70.00

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Principal Place of Business 2477 STICKNEY POINT RD. 315 B SARASOTA, FL 34231 US			2477 315	Mailing Address 2477 STICKNEY POINT RD 315 B SARASOTA, FL 34231 US						i es ihi se in. Se	TU BEIL BEIA I	131 1810 (0 17 0 18 18	IKER ÅLITEL	
2. Principal Place of Business - No P.O. Box # (6338 S. Tamami Tr.				3. Mailing Address 8499 S. Tamiami Tv.										
Suite, Apt. #, etc.				Suite, Apt. #, etc. # 236				04302008	Chg-	NP	CR2E03	7 (12/06)		
City & State Sarasota, FL			Cii	y & State arasota	L	4	4. FEI Number 65-0685932				- '	optied For ot Applicable		
Zip 34231 Country USA			Zip	34238	intry SA	<u> </u>	5. Certificate of Status Desired \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent									7. Name and Address of New Registered Agent					
GELDI, JOHN J JR 172 YACHT HARBOR DRIVE OSPREY, FL 34229-9727							Name Street Address (P.O. Box Number is Not Acceptable)							
											FL	Zip Cod	e	
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, typeu	or printed name of registered agent	and use maps	acable. (NO)	. megastere	d Agent signature requ	pareu wn	en (errataung)			DATE			
Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contribu								5.00 May Edded to Fees			lake checi rida Depar			
10.		OFFICERS AND DI	RECTORS		11.		ADI	DITIONS/CH	ANGES	TO OFFICE	RS AND DI	RECTORS IN	10	
TITLE '	P ,			☐ Delete	TITLE	E						Change	☐ Addition	
NAME	ĢEĻDI, JO	OHN J MR			NAM	E .								
STREET ADDRESS : CITY-ST-ZIP	1	IT HARBOR DRIVE FL 34229				ET ADDRESS -St-Zip								
TITLE	V			☐ Delete TITL		E .		· · · · · · · · · · · · · · · · · · ·				☐ Change	Addition	
NAME	LOVINGOOD, JOAN M MS			NA.		1								
STREET ADDRESS	4560 COOPER RD			STR		ET ADDRESS								
CITY-ST-ZIP .	SARASOT	ΓA, FL 34232			-ST-ZIP									
TITLE	T			☐ Delete	TITLE	F T		· · · · · · · · · · · · · · · · · · ·				☐ Change	Addition	
NAME	MAC CAB	E, THOMAS B MR		<u> </u>	NAM	1						onlings		
STREET ADDRESS	284 SUGA	AR MILL DRIVE			STRE	ET ADDRESS]	
CITY-ST-ZIP	OSPREY,	FL 34229			CITY	-ST-ZIP								
TIFLE	S			☐ Delete	TITL	E						☐ Change	☐ Addition	
NAME	GUTTRID	GE, JANET MS			NAM	E							_	
STREET ADDRESS	1722 LAK	ESHORE DRIVE S			STRE	ET ADDRESS							1	
CIFY-ST-ZIP	SARASO	TA, FL 34231		_	СПА	-\$T-ZIP								
TITLE	TR	,		Delete	ŦΠĻ	E	77	2				☐ Change	Addition	
NAME	HAGAN, [DONALD L MR		.	NAM	E	ځځ	yer,	Rich	E		_		
STREET ADDRESS	•	_		ET ADDRESS	7:	3'ZJ ' A	1er	chan	t ct.					
CITY-ST-ZIP	SARASO	ΓA, FL 34241			CITY	-ST-ZIP	50	2 Lyer, 321 A Lrasot	a, F	-L 3	4240			
TITLE	TR			☐ Delete	TITLE							Change	Addition Addition	
NAME	SIEVERS	, NATALIE MS			NAM	E								
STREET ADDRESS		D FLOWER COURT				ET ADDRESS								
CITY-ST-ZIP	SARASO	TA, FL 34238			CITY	-ST-ZIP								
of the cor	12. I hereby certify that the information supplied with this filling 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.													