


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004-08:00 AM
Secretary of State

DOCUMENT # N96000006257 1. Entity Name BOCA RATON MUSIC STUDY CLUB, INC.	
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Principal Place of Business 115 SW 14TH ST BOYNTON BEACH, FL 33426-4641	Mailing Address 115 SW 14TH ST BOYNTON BEACH, FL 33426
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01052004 No Chg-NP CR2E037 (10/03)

4. FCI Number 65-0452701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BAKER, DOROTHY P 115 SW 14TH ST BOYNTON BEACH, FL 33426
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**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 re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	P SURETTE, MARILYN 10420 LAKE VISTA CIRCLE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, HELEN 3581 LAKEVIEW DR DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUTTLE, CONSTANCE 1312 LAKE DRIVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAKER, DOROTHY 115 SW 14TH ST BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEIR, JOAN MRS 1775 PARK TREE PLACE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

01/08/04-80015-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Shirley P. Baker Treas. 1-5-04 (561) 738-5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dated Phone #