


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90029 025 ****70.00

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|--|---|---|--|---|---|
| DOCUMENT # N96000006357 1. Entity Name MUSIC INSTITUTE AT VERO BEACH, INC. | | | |  | |
| Principal Place of Business 16351 NW 10TH CT CITRA, FL 32113 US | | | | Mailing Address 16351 NW 10TH CT CITRA, FL 32113 US | |
| 2. Principal Place of Business - No P.O. Box # <i>same as above</i> | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-0717701 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BODE, SUZANNE 29 SUNRISE DRIVE OCALA, FL 34472 | | | | 7. Name and Address of New Registered Agent Name SUZANNE BODE Street Address (P.O. Box Number is Not Acceptable) 16351 NW 10th Ct City Citra FL Zip Code 32113 | |
| 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 SUZANNE BODE <i>Suzanne Bode</i> 2/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP BODE, SUZANNE 29 SUNRISE DRIVE OCALA, FL 34472 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 16351 NW 10th Ct Citra, FL 32113 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT BODE, BROOKE 1135 HIDDEN RIDGE, APT 2118 IRVING, TX 75038 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS GOLDSMITH, JENI 9309 VOCTORIA DRIVE MICCO, FL 32976 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1806 33rd Ave Vero Beach, FL 32960 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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: SUZANNE BODE <i>Suzanne Bode</i> 2/16/08 352-595-2070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |