

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000107

FILED
Apr 28, 2005
Secretary of State

Entity Name: CENTER FOR MUSIC AND ARTS TRADITIONS, INC.

Current Principal Place of Business:

5787 W SUNRISE BLVD
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

5787 W SUNRISE BLVD
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 65-0981924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, OTHEL
5787 W SUNRISE BLVD
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: TURNER, PATRICIA
Address: 5787 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: PDC () Delete
Name: WATKINS, MARIEA
Address: 5797 GARDENS DR
City-St-Zip: SARASOTA, FL 34243 30

Title: D () Delete
Name: MOOTRY, STEVE
Address: 4973 NW 115 TERR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: KOPP, JAMES T
Address: 20910 AVENEL RUN
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: KOPP, KENNETH B
Address: 2385 EXECUTIVE CENTER DR. SUITE 100
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: KOPP, NANCY
Address: 20910 AVENEL RUN
City-St-Zip: BOCA RATON, FL 333428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH B KOPP

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date