

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000107

FILED  
Jan 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

20 TANGLEWOOD DRIVE  
GREENVILLE, SC 29611 US

**New Principal Place of Business:**

6184 SW 192ND AVENUE  
PEMBROKE PINES, FL 333323381 US

**Current Mailing Address:**

20 TANGLEWOOD DRIVE  
GREENVILLE, SC 29611 US

**New Mailing Address:**

6184 SW 192ND AVENUE  
PEMBROKE PINES, FL 333323381 US

**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: PD ( ) Delete  
Name: WATKINS, MARIEA  
Address: 6184 SW 192ND AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

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

Title: D (X) Delete  
Name: KOPP, JAMES T  
Address: 300 SHEFWOOD DRIVE  
City-St-Zip: EASLEY, SC 29642

Title: D (X) Delete  
Name: KOPP, KENNETH B  
Address: 20 TANGLEWOOD DRIVE  
City-St-Zip: GREENVILLE, SC 29611

Title: D (X) Delete  
Name: KOPP, NANCY  
Address: 300 SHEFWOOD DRIVE  
City-St-Zip: EASLEY, SC 29642

**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 exemption stated 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 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: DR. MARIEA E. WATKINS

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date