

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006530

FILED
May 17, 2005
Secretary of State

Entity Name: FLORIDA MUSIC HALL OF FAME, INC.

Current Principal Place of Business:

405 ARLINGTON AVE WEST
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

405 ARLINGTON AVE WEST
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 16-1621338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARTLAND, KEVIN O
405 ARLINGTON AVE WEST
OLDSMAR, FL 34677 US

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: D/T () Delete
Name: GARTLAND, KEVIN O
Address: 405 ARLINGTON AVE WEST
City-St-Zip: OLDSMAR, FL 34677

Title: D/P () Delete
Name: RABON, KATHY S
Address: 107 PARK STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: MOHR, TERRY J
Address: 1412 DINNERBELL LANE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: GARTLAND, KEVIN O
Address: 405 ARLINGTON AVE WEST
City-St-Zip: OLDSMAR, FL 34677

Title: D/T (X) Change () Addition
Name: RABON, KATHY S
Address: 107 PARK STREET
City-St-Zip: SAFETY HARBOR, FL 34695

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: KEVIN O GARTLAND

D/P

05/17/2005

Electronic Signature of Signing Officer or Director

Date