FILED Apr 06, 2005 8:00 am Secretary of State

2005 F	UK PKUFII	CORPORA	MULL
	ANNUAL	REPORT	

المنافعة الم

DOCUMENT # P0100000050 1. Entity Name NORTH FLORIDA CONSERVATORY OF MUSIC, INC.						04-06-2005	90093 (047 ***15	0.00	
Principal Place of Business Mailing Address						-				
10950-13TH SAN JOSE BOULEVARD 10950-13TH SAN JOSE BOULE JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223			VARD		GBIRI MBM GBM BBM RBM		ain palal billi ask	120)		
Principal Place of Business 3. Mailing Address										
		Suite, Apt. #, etc.		03222005	Chg-P	CR2E	034 (10/03)			
City & State	City & State City & State			4. FEI Number 59-368			<u> </u>	plied For t Applicable		
Zip		Country	Zip Country		itry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current F	Registered Agent		Nama*	7. Name and	Address of New R	egistered	Agent	
FISCHER, JIM 10601 SAN JOSE BLVD STE 210 JACKSONVILLE, FL 32277				P.O. Box Number	er is Not Acceptable	i)	*			
					City			FL	Zip Code	•
8. The above the obligat	named entit	y submits this statement for tered agent.	the purpose of changing its	register	ed office or register	red agent, or bot	h, In the State of Flo	orida, Iam	familiar with,	and accept
SIGNATURE.										
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registers	id Agent signature required	d when reinstating)		DATE		
FIL After Ma	È NOWIII ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Cont		☐ Add	.00 May Be led to Fees				
10.		OFFICERS AND I	DIRECTORS	11.	1911 1914	ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11
TITLE NAME	PSTD Delete TITL					• ••		☐ Change	☐ Addition	
STREET ADDRESS	BORCA, SEAN L TADDRESS 10950-13TH SAN JOSE BOULEVARD STRE			EET ADORESS					- [
CITY-ST-ZIP	JACKSON V	WILLE, FL 32223		-	'-ST-ZIP					
TITLE NAME	El Deicke			NAV					- Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	l	TH SAN JOSE BOULEV NVILLE, FL 32223	'ARD		EET ADORESS '-ST-ZIP					
TITLE	JACKSOI	WILLE, FL 32223	Delete	TITL					☐ Change	Addition
NAME				NAM	·					
CITY-ST-ZIP					EET ADORESS '-ST-ZIP					
TITLE			☐ Delete	ΤITL				÷	☐ Change	- Addition
NAME STREET ADDRESS		•		NAM STR	EET ADDRESS					
CITY-ST-ZIP					/-ST-ZiP					
TITLE NAME			☐ Delete	TITL NAM					Change	☐ Addition
STREET ADDRESS					EET AODRESS					
CITY-ST-ZIP	_		П	-	- ST - ZIP					
TITLE NAME		. .	☐ Delete	TITL NAV	į.				☐ Change	Addition
STREET ADDRESS City-St-zip	,		3	•	EET ADDRESS					
12. I hereby o	certify that th	e information supplied with	this filing does not qualify fo	r the exe	motion stated in Se	ection 119.07(3)(i), Florida Statutes. I	l further ce	ertify that the in	nformation
12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: 4/1/05										