

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90030 032 \*\*\*\*61.25

**DOCUMENT # P32285**

1. Entity Name

**NATIONAL ASSOCIATION OF TEACHERS OF SINGING, INC.**



Principal Place of Business

4745 SUTTON PARK COURT  
SUITE 201  
JACKSONVILLE FL 32224

Mailing Address

4745 SUTTON PARK COURT  
SUITE 201  
JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-6118354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VESSELS, WILLIAM A.  
10550 BAYMEADOWS ROAD #320...  
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)  
10550 Baymeadows Road #320

City

**FL**

Zip Code

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

*William A. Vessels*

WILLIAM A. VESSELS 3-25-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **ST** ☐ Delete  
NAME **EDWIN, ROBERT**  
STREET ADDRESS **1509 GLENVIEW DR**  
CITY-ST-ZIP **CINNAMINSON NJ 08077-2156**

TITLE **President Elect** ☐ Change ☒ Addition  
NAME **Jane Dillard**  
STREET ADDRESS **9719 Chestnut Rd.**  
CITY-ST-ZIP **Waxhaw NC 28173-7588**

TITLE **VP** ☐ Delete  
NAME **KIESGEN, PAUL**  
STREET ADDRESS **IN UNIV. SCHOOL OF MUSIC, MERRILL HALL**  
CITY-ST-ZIP **BLOOMINGTON IN 47405**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **RP** ☒ Delete  
NAME **DELP, ROY E**  
STREET ADDRESS **1312 LEMOND ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **MCIVER, WILLIAM**  
STREET ADDRESS **465 MAPLEWOOD LANE**  
CITY-ST-ZIP **WEBSTER NY 14580**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MDD** ☐ Delete  
NAME **VESSELS, WILLIAM A**  
STREET ADDRESS **10550 BAYMEADOWS ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **DUAX, KATHRYN P**  
STREET ADDRESS **2003 NOBLE CT**  
CITY-ST-ZIP **EAU CLAIRE WI 54703**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*William A. Vessels*

WILLIAM A. VESSELS 3-25-04 904-992-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #