

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000024607 (0)

1. Corporation Name

GREAT BEGINNINGS MUSIC EDUCATION FOUNDATION, INC



Principal Place of Business

3713 49TH ST. NORTH, SUITE 132  
ST PETERSBURG FL 33710

Mailing Address

3713 49TH ST. NORTH, SUITE 132  
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified  
03/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 9292 49th Street North

2a. Mailing Address

26 9292 49th Street North

4. FEI Number

650579640

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite B

27 Suite, Apt. #, etc.

Suite B

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

Pinellas Park FL

28 City & State

Pinellas Park FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

34666

Country

29 Zip

34666

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHAW, MICHAEL

3713 49TH ST. NORTH, SUITE 132  
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name Jeff Wolkins

82 Street Address (P.O. Box Number is Not Acceptable)

9292 49th Street North

83 Suite B

84 City Pinellas Park

FL

85 Zip Code

34666

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

Michael Shaw  
Chairman  
9292 49th Street North #B  
Pinellas Park, FL 34666

TITLE NAME STREET ADDRESS CITY - ST - ZIP

Robert Troke  
Vice Pres  
9292 49th Street North #B  
Pinellas Park FL 34666

TITLE NAME STREET ADDRESS CITY - ST - ZIP

Jeffery Wolkins  
Secretary/Treasurer  
9292 49th Street North  
#B Pinellas Park FL 34666

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)