2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 763676

1. Entity Name FLORIDA CAMERATA, INC.



Principal Place of Business

% VIRGINIA S. DAVIDSON 210 WEST 89TH S., 4L NEW YORK, NY 10024-1811 US Mailing Address

% VIRGINIA S. DAVIDSON 210 WEST 89TH S., 4L NEW YORK, NY 10024-1811 US

FILED Feb 09, 2004 08:00 AM Secretary of State

CR2E037 (10/03)



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 13-3544059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

02022004 No Chg-NP

6. Name and Address of Current Registered Agent			
DAVIDSON, KATHERINE 3951 CYPRESS I ANDING WEST	DO	NOT	WRITE

3951 CYPRESS WINTER HAVEN, FL 33884

IN THIS SPACE

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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.	Signature, typed or printed name of registered agent and tire	it applicable (NOTE Registered	Agent signature	s required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS		, te_h	==++ <u> </u>			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	DP DAVIDSON, VIRGINIA S. 210 W 9TH ST, 4L NEW YORK, NY							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIDSON, JOHN L. 407 AVE. K. SE WINTER HAVEN FL,				U00000042686 U2/10/04-80035-007 61.25			
TITLE NAME STREET ADDRESS GITY+ST-ZIP	SD DAVIDSON, KATHERINE 3951 CYPRESS LANDING WEST WINTER HAVEN FL, FL 33884			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAGG, GEORGE W. 2613 BENBROOK BLVD. FT. WORTH, TX			IN "	THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		:						
Title Name Street address City-St-Zip								
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I nereby certify that the information supplied with this hing does not quality 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: