

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 763676 1. Entity Name FLORIDA CAMERATA, INC.	
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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
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-3544059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVIDSON, KATHERINE
3951 CYPRESS LANDING WEST
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name _____

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	
TITLE	DP <input type="checkbox"/> Delete
NAME	DAVIDSON, VIRGINIA S.
STREET ADDRESS	210 W 9TH ST, 4L
CITY - ST - ZIP	NEW YORK NY
TITLE	VPD <input type="checkbox"/> Delete
NAME	DAVIDSON, JOHN L.
STREET ADDRESS	407 AVE. K. SE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	SD <input type="checkbox"/> Delete
NAME	DAVIDSON, KATHERINE
STREET ADDRESS	3951 CYPRESS LANDING WEST
CITY - ST - ZIP	WINTER HAVEN FL FL 33884
TITLE	TD <input type="checkbox"/> Delete
NAME	BRAGG, GEORGE W.
STREET ADDRESS	2813 BENBROOK BLVD.
CITY - ST - ZIP	FT. WORTH TX
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN0000219249
STREET ADDRESS	02/08/05-80020-007 61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Virginia S. Davidson* **Virginia S Davidson** 2/1/05 (219) 496-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #