


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90003 048 \*\*\*\*61.25

<b>DOCUMENT # N42601</b>			
1. Entity Name THE ORLANDO PHILHARMONIC ORCHESTRA, INC.			
Principal Place of Business 812 E ROLLINS STREET ORLANDO, FL 32803 US		Mailing Address P.O. Box 540203 ORLANDO, FL 32854 US <i>← Same</i>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
06302004		Chg-NP	
CR2E037 (10/03)		4. FEI Number 59-3058884	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHILLHAMMER, DAVID 812 E. ROLLINS ST. ORLANDO, FL 32803		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TBD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, JOHN	NAME	
STREET ADDRESS	221 SHELL PT. RD. E	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE	PBDB <input type="checkbox"/> Delete	TITLE	PBD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEBIER, JOHN	NAME	Casebier, John
STREET ADDRESS	741 DIXIE PARKWAY	STREET ADDRESS	741 Dixie Parkway
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Winter Park, FL 32789
TITLE	SBD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, SUSAN	NAME	
STREET ADDRESS	2338 C S CONWAY RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	PBD VPBD <input checked="" type="checkbox"/> Delete	TITLE	VPBD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, STEPHEN <i>Paula Shives</i>	NAME	Paula Shives
STREET ADDRESS	2009 VENETIAN WAY	STREET ADDRESS	PO Box 593330
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Orlando, FL 32859-3330
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Daschul</i>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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