2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N42601

Entity Name: THE ORLANDO PHILHARMONIC ORCHESTRA, INC.

Current Principal Place of Business:

812 E ROLLINS STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

812 E ROLLINS STREET
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3058884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHILLHAMMER, DAVID
812 E. ROLLINS ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TBD ( ) Delete
Name: HAGLE, MARC
Address: 100 E SYBELIA #225
City-St-Zip: MAITLAND, FL 32751

Title: PBD ( ) Delete
Name: CONNER, CAROL
Address: 4750 NEW BROAD ST
City-St-Zip: ORLANDO, FL 32814

Title: SBD ( ) Delete
Name: CURRAN, SUSAN
Address: 2338 C S CONWAY RD
City-St-Zip: ORLANDO, FL 32812

Title: VPBD ( ) Delete
Name: CRAWFORD, CANDICE
Address: 1227 PINE NEEDLE COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SCHILLHAMMER RA 02/25/2009

Electronic Signature of Signing Officer or Director — Date