2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N44235

1. Entity Name
ATLANTIC CLASSICAL ORCHESTRA, INC.

Principal Place of Business	Mailing Address
5000 N A1A SUITE 317 VERO BEACH, FL 32963	P.O. BOX 3993 VERO BEACH, FL 32964 US

02152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0307858

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMULLAN, ANDREW
5000 N A1A
SUITE 317
VERO BEACH, FL 32963

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000654217
03/13/07-80053-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	TYLER, MOLLY
STREET ADDRESS	5800 N.E. ISLAND COVE WAY APT. T205
CITY-ST-ZIP	STUART, FL 34996
TITLE	T
NAME	MORRISON, JR, WILLIAM G
STREET ADDRESS	23 SIMARA ST
CITY-ST-ZIP	STUART, FL 34996
TITLE	VP
NAME	ALLEN, ELAINE
STREET ADDRESS	3939 OCEAN DRIVE PH9C
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Margaret M. Tyler 2/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #