## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44235

FILED May 08, 2008 Secretary of State

Entity Name: ATLANTIC CLASSICAL ORCHESTRA, INC.

Current Princi	oal Place of Business:	New Principal Place of Business:

5000 N A1A 415 AVENUE A SUITE 301 SUITE 317

VERO BEACH, FL 32963 FORT PIERCE, FL 34950

**Current Mailing Address:** New Mailing Address:

415 AVENUE A P.O. BOX 3993

VERO BEACH, FL 32964 US SUITE 301 FORT PIERCE, FL 34950

FEI Number: 65-0307858 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCMULLAN, ANDREW KOPP, LAWRENCE E MR.

5000 N A1A 415 AVENUE A

SUITE 317 SUITE 301 VERO BEACH, FL 32963 US FORT PIERCE, FL 34950 US

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: LAWRENCE E. KOPP 05/08/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**DVPS** (X) Change ( ) Addition () Delete

TYLER, MOLLY GRADY, KEVIN MR. Name: Name:

5800 N.E. ISLAND COVE WAY APT. T205 Address: 3001 OCEAN DRIVE, SUITE 301 Address: City-St-Zip: STUART, FL 34996 City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Delete Title: (X) Change ( ) Addition MORRISON, JR, WILLIAM G Name: ALLEN, ELAINE MRS. Name:

Address: 23 SIMARA ST Address: 3939 OCEAN DRIVE, #PH9C City-St-Zip: STUART, FL 34996 City-St-Zip: VERO BEACH, FL 32963

Title: VΡ () Delete Title: (X) Change ( ) Addition

ALLEN, ELAINE Name: TYLER, MOLLY MRS. Name:

3939 OCEAN DRIVE PH9C 5800 NE ISLAND COVE WAY, #2205 Address: Address:

City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: STUART, FL 34996

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: LAWN, RONALD K MR.

756 BEACHLAND BOULEVARD Address: Address: City-St-Zip: City-St-Zip: VERO BEACH, FL 32963

Title: () Delete Title: ( ) Change (X) Addition

SOFRONAS, ANNE MRS. Name: Name: 2065 OCEAN RIDGE CIRCLE Address: Address: City-St-Zip: City-St-Zip: VERO BEACH, FL 32963

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: LAWRENCE E. KOPP ED 05/08/2008