

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44235

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** ATLANTIC CLASSICAL ORCHESTRA, INC.

**Current Principal Place of Business:**

415 AVENUE A  
SUITE 301  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

415 AVENUE A  
SUITE 301  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 65-0307858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOPP, LAWRENCE E MR.  
415 AVENUE A  
SUITE 301  
FORT PIERCE, FL 34950 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: CHAI  
Name: GRADY, KEVIN MR.  
Address: 3001 OCEAN DRIVE, SUITE 301  
City-St-Zip: VERO BEACH, FL 32963

Title: VP  
Name: CHADWELL, RICHARD MR.  
Address: 511 SHORES DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: T  
Name: LAWN, RONALD K MR.  
Address: 756 BEACHLAND BOULEVARD  
City-St-Zip: VERO BEACH, FL 32963

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

Title: PRES  
Name: LA PORTA, MICHAEL MR.  
Address: 1004 ISLA VERDE SQUARE  
City-St-Zip: VERO BEACH, FL 32963

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE KOPP

EXEC

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date