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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000620

1. Corporation Name
BIG BEND COMMUNITY ORCHESTRA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3321 DARTMOOR DRIVE TALLAHASSEE FL 32312	3321 DARTMOOR DRIVE TALLAHASSEE FL 32312

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/08/1995
4. FEI Number: 59-3299905 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

ANDERSON, WALDIE A
3321 DARTMOOR DRIVE
TALLAHASSEE FL 32312

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DAVIS, RICHARD		1.2 NAME	Dancy, Russell	
STREET ADDRESS	816 E. 7TH AVE.		1.3 STREET ADDRESS	2432 Bass Bay Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VP	☒ DELETE	2.1 TITLE	V/P	☒ Change ☐ Addition
NAME	PARSONS, SUE		2.2 NAME	Dancy, Margaret	
STREET ADDRESS	1114 SANDINGHAM DRIVE		2.3 STREET ADDRESS	2432 Bass Bay Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☒ Addition
NAME	GRIFFIN, LOIS		3.2 NAME		
STREET ADDRESS	2559 SHILOH WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	32308	
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☒ Addition
NAME	HANNA, PAUL		4.2 NAME		
STREET ADDRESS	2308 DON ADRES AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	32304	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☒ Addition
NAME	ANDERSON, WALDIE A		5.2 NAME		
STREET ADDRESS	3321 DARTMOOR DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	32312	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☒ Addition
NAME	DENSMORE, GINNY		6.2 NAME		
STREET ADDRESS	3713 WATERS MEET		6.3 STREET ADDRESS	9713 Waters Meet Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	32312	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Waldie A Anderson SIGNATURE REQUIRED Waldie A. Anderson 28 March 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #