2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachme

SIGNATURE:

DOCUMENT # N95000000620 FILED BIG BEND COMMUNITY ORCHESTRA ASSOCIATION. INC. 04 APR 28 AM 10: 04 Principal Place of Business Mailing Address SECRETARY OF STATE 1345 THOMASVILLE RD 1345 THOMASVILLE RD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 59-3299905 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, WALDIE A 3321 DARTMOOR DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32312 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITL F TITLE ☐ Change ☐ Addition 000035734740 YANG, DANIEL NAME NAME STREET ADDRESS **600 PLANTATION RD** STREET ADDRESS 05/07/04--01020--010 **61.25 CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALLEN, MICHAEL NAME NAME STREET ADDRESS 2276 HAMPSHIR WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition SIMS, JIM NAME NAME STREET ADDRESS 1345 THOMASVILLE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change Addition ANDERSON, WALDIE NAME NAME 3321 DARTMOOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE SD Delete TITLE Change ☐ Addition GAREE, ANNE NAME NAME STREET ADDRESS 816 DERBYSHIRE DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAVON, LILY NAME NAME STREET ADDRESS 3138 FERNS GLEN DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP 12. 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 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