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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000002758

1. Corporation Name
THE FLORIDA ORCHESTRA/NORTH SUNCOAST ASSOCIATES, INC.

3/2107 - 90008 - 11

Principal Place of Business Mailing Address
 101 SOUTH HOOVER BLVD., STE. 100 101 SOUTH HOOVER BLVD., STE. 100
 TAMPA FL 33609 TAMPA FL 33609



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 6301		05/12/1998	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23		28 CLEARWATER		59-3474423	
24 Zip		29 33758		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SLAUGHTER, JOHN E JR 1253 PARK STREET CLEARWATER FL 33756				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAS, CHRIS W	1.2 NAME	OPITZ, CONSTANCE L.
STREET ADDRESS	2214 LAGOON DR.	1.3 STREET ADDRESS	225 ORLANDO RD.
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	BELLEAIR FL. 33756
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAS, JOANNA	2.2 NAME	OPITZ, REINHARD R.
STREET ADDRESS	2214 LAGOON DR.	2.3 STREET ADDRESS	225 ORLANDO RD.
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	BELLEAIR FL. 33756
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPITZ, REINHARD	3.2 NAME	FRIEDMAN, MARILE
STREET ADDRESS	13300 INDIAN ROCKS ROAD, #406	3.3 STREET ADDRESS	10612 ANDREW LANE
CITY-ST-ZIP	LARGO FL 34644	3.4 CITY-ST-ZIP	LARGO FL 33777
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPITZ, CONNIE	4.2 NAME	FRIEDMAN, JACK
STREET ADDRESS	13300 INDIAN ROCKS ROAD, #406	4.3 STREET ADDRESS	10612 ANDREW LANE
CITY-ST-ZIP	LARGO FL 34644	4.4 CITY-ST-ZIP	LARGO FL 33777
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGHEE, MARTHA	5.2 NAME	WILEMAN, BOBBI
STREET ADDRESS	2688 WALNUT DR.	5.3 STREET ADDRESS	2340 GREGIAN WAY, APT. 26
CITY-ST-ZIP	PALM HARBOR FL 34683	5.4 CITY-ST-ZIP	CLEARWATER FL. 33763
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGO, LAURA	6.2 NAME	LAWTON, LYNN
STREET ADDRESS	520 PURPLE FINCH WAY	6.3 STREET ADDRESS	717 WILKIE ST.
CITY-ST-ZIP	PALM HARBOR FL 34683	6.4 CITY-ST-ZIP	DUNEDIN FL 34698

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: SIGNATURE REQUIRED: OPITZ 6-7-99 (727) 586-3669
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/198)