

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002758

FILED
Feb 03, 2009
Secretary of State

Entity Name: THE FLORIDA ORCHESTRA/NORTH SUNCOAST ASSOCIATES, INC.

Current Principal Place of Business:

244 2ND AVE. N
SUITE 421
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6301
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-3474423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAUGHTER, JOHN E JR
1253 PARK STREET
CLEARWATER, FL 33756 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: CPD () Delete
Name: ANDERSON, RON
Address: 1001 STARKEY ROAD, #374
City-St-Zip: LARGO, FL 33771

Title: CPD () Delete
Name: ANDERSON, DALE
Address: 1001 STARKEY ROAD, #374
City-St-Zip: LARGO, FL 33771

Title: DS () Delete
Name: LONGO, LAURA
Address: 520 PURPLE FINCH WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: JONSON, WILLIAM C
Address: 2694 REDFORD COURT W
City-St-Zip: CLEARWATER, FL 33761

Title: VD () Delete
Name: GUZIK, JOHANNA
Address: 825 PEGGY RAY DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LONGO, LAURA
Address: 520 PURPLE FINCH WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: WHEELER, CONRAD
Address: 227 NINA WAY
City-St-Zip: OLDSMAR, FL 34677

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: WILLIAM C. JONSON

TD

02/03/2009

Electronic Signature of Signing Officer or Director

Date