

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004814

Entity Name: TAMPA METROPOLITAN YOUTH ORCHESTRA, INC.**Current Principal Place of Business:**501 N MORGAN STREET
SUITE 200
TAMPA, FL 33602**Current Mailing Address:**501 N MORGAN STREET
SUITE 200
TAMPA, FL 33602 US**FEI Number:** 68-0550935**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RUIZ-CARUS, ISAAC ESQ.
501 N MORGAN STREET
SUITE 200
TAMPA, FL 33602 US*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**Officer/Director Detail :**

Title	IMMEDIATE PAST PRESIDENT
Name	HEBERT, SUSANNE
Address	5320 SILVER SUN DR
City-State-Zip:	APOLLO BEACH FL 33572

Title	TREASURER
Name	WALIGORSKI, BETH
Address	523 VILLA VISTA BLVD
City-State-Zip:	LAKE LAND FL 33813

Title	PRESIDENT
Name	MORENCY, ETHAN
Address	4009 HENDERSON BLVD
City-State-Zip:	TAMPA FL 33629

Title	SECRETARY
Name	LORENZEN, NANCY
Address	3415 W LYKES AVENUE
City-State-Zip:	TAMPA FL 33609

Title	EXECUTIVE DIRECTOR
Name	PAINTER, MICHELLE
Address	6715 DRIFTING SAND RD
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DIRECTOR
Name	RUIZ-CARUS, ISAAC ESQ
Address	501 N MORGAN STREET SUITE 200
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	SWEENEY, JOHN
Address	27 BROADWAY
City-State-Zip:	DUNEDIN FL 34698

Title	DIRECTOR
Name	HEINE, SUSAN
Address	907 S OREGON AVE
City-State-Zip:	TAMPA FL 33606

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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: BETH WALIGORSKI

TREASURER

01/24/2024

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ISAAK, BETSY
Address 4207 W PLATT ST
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name ABREU, CHRISTIAN
Address 6407 MURRAY HILL DR
City-State-Zip: TAMPA FL 33615