

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000008401

**Entity Name:** A SUMMER ORCHESTRA CLINICS INC.**Current Principal Place of Business:**7733 PARADISE ISLAND BLVD  
3214  
JACKSONVILLE, FL 32256**Current Mailing Address:**7733 PARADISE ISLAND BLVD  
3214  
JACKSONVILLE, FL 32256 US**FEI Number:** 93-2506801**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE  
JACKSONVILLE, FL 32202 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           | PRESIDENT                         |
| Name            | ACKERMAN, JEFFREY C               |
| Address         | 7733 PARADISE ISLAND BLVD<br>3214 |
| City-State-Zip: | JACKSONVILLE FL 32256             |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | TREASURER                         |
| Name            | DELOSSANTOS, MARCI                |
| Address         | 7733 PARADISE ISLAND BLVD<br>3214 |
| City-State-Zip: | JACKSONVILLE FL 32256             |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | SECRETARY                         |
| Name            | HYSLER, SYBIL                     |
| Address         | 7733 PARADISE ISLAND BLVD<br>3214 |
| City-State-Zip: | JACKSONVILLE FL 32256             |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | ASST. SECRETARY                   |
| Name            | SHANK, TERESA                     |
| Address         | 7733 PARADISE ISLAND BLVD<br>3214 |
| City-State-Zip: | JACKSONVILLE FL 32256             |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | ASST. TREASURER                   |
| Name            | TRUE, PATRICIA                    |
| Address         | 7733 PARADISE ISLAND BLVD<br>3214 |
| City-State-Zip: | JACKSONVILLE FL 32256             |

*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:** JEFFREY C ACKERMAN

PRESIDENT

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date