

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002758

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**0108775974CC**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 6301  
CLEARWATER, FL 33758 US

**FEI Number: 59-3474423**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SLAUGHTER, JOHN EJR  
1253 PARK STREET  
CLEARWATER, FL 33756 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            DONOHUE, PATRICIA C  
Address        PO BOX 6301  
City-State-Zip: CLEARWATER FL 33758

Title            TREASURER  
Name            TETRICK, RICHARD I  
Address        PO BOX 6301  
City-State-Zip: CLEARWATER FL 33758

Title            VP  
Name            KOLZE, VERONICA  
Address        PO BOX 6301  
City-State-Zip: CLEARWATER FL 33758

Title            RECORDING SECRETARY  
Name            CICERCHI, ELEANOR  
Address        PO BOX 6301  
City-State-Zip: CLEARWATER FL 33758

Title            MEMBERSHIP CHAIRMAN  
Name            KING, PATRICIA  
Address        PO BOX 6301  
City-State-Zip: CLEARWATER FL 33758

*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: RICHARD TETRICK**

**TREASURER**

**02/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date