


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90019 021 \*\*\*\*61.25

<b>DOCUMENT # 707664</b> 1. Entity Name <b>THE FLORIDA PHILHARMONIC ORCHESTRA, INC.</b>			
Principal Place of Business <b>3401 NORTHWEST 9TH AVE. FORT LAUDERDALE, FL 33309</b>		Mailing Address <b>3401 NORTHWEST 9TH AVE. FORT LAUDERDALE, FL 33309</b>	
2. Principal Place of Business <b>52 W OAKLAND PARK BLVD</b> Suite, Apt. #, etc. <b>#216</b>		3. Mailing Address <b>52 W. OAKLAND PARK BLVD</b> Suite, Apt. #, etc. <b>#216</b>	
City & State <b>WILTON MANORS</b>		City & State <b>WILTON MANORS</b>	
Zip <b>33311-2520</b>	Country <b>USA</b>	Zip <b>33311-2520</b>	Country <b>USA</b>
4. FEI Number <b>59-0702775</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DEVEY, ARTHUR M III FLORIDA PHILHARMONIC ORCHESTRA 3401 NW 9TH AVENUE FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name <b>RICHARD FRESHWATER</b> Street Address (P.O. Box Number is Not Acceptable) <b>52 W OAKLAND PARK BLVD #216</b> City <b>WILTON MANORS</b> <b>FL</b> Zip Code <b>33311-2520</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Richard Freshwater</u> <b>RICHARD FRESHWATER, DIRECTOR OF FINANCE</b> <b>03/06/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LEWIS, DANIEL R 3505 SOTH MOORINGS WAY MIAMI, FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENE, ROSE ELLEN 201 SOLANO PRADO CORAL GABLES, FL 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STAMPS, E ROE IV 3725 LEAFY WAY COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUFZIEN, ALAN 5100 WHITE OAK LANE FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, MARTIN F 11514 VICTORIA DRIVE FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Richard Freshwater</u> <b>DIRECTOR OF FINANCE</b>		<b>03/06/04</b> <b>954-303-1725</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

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