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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713170

1. Corporation Name
THE GREATER HOLLYWOOD PHILHARMONIC ORCHESTRA, IN C.

Principal Place of Business	Mailing Address
2030 POLK STREET HOLLYWOOD FL 33020	2030 POLK STREET HOLLYWOOD FL 33020

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/10/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2354181 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRIER, BELLA 2030 POLK ST. HOLLYWOOD FL 33020	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE D	Secretary	☒ Change ☐ Addition
NAME	BRIER, BELLA S.		1.2 NAME		
STREET ADDRESS	1912 N. 41 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE D		☐ Change ☐ Addition
NAME	GRAUBARD, EMILY		2.2 NAME		
STREET ADDRESS	3131 HARRISON ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE D	Treasurer	☐ Change ☒ Addition
NAME	BRIER, MILTON J		3.2 NAME	Karrie Stein	
STREET ADDRESS	P.O. BOX 6234 N/A		3.3 STREET ADDRESS	4897 A Hawkwood Road	
CITY-ST-ZIP	HOLLYWOOD FL 33081		3.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	SD	☐ DELETE	4.1 TITLE D		☐ Change ☐ Addition
NAME	SHELDON, PHYLLIS D		4.2 NAME		
STREET ADDRESS	1170 HAYES ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		4.4 CITY-ST-ZIP		
TITLE	President	☐ DELETE	5.1 TITLE	President	☐ Change ☒ Addition
NAME	H		5.2 NAME	Harold Solomon	
STREET ADDRESS			5.3 STREET ADDRESS	1140 S. Southlake Drive	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		☐ DELETE	6.1 TITLE	~~Treasurer~~	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Solomon RE: Harold Solomon 4-15-99 954-961-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)