FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713571 (8)

1. Corporation Name

THE FLORIDA ORCHESTRA, INC.

Principal Place of Business	Mailing Address
5670 W. CYPRESS ST. SUITE C TAMPA FL 33607	5670 W. CYPRESS ST. SUITE C TAMPA FL 33607

3. Date Incorporated or Qualified: 11/02/1967

3a. Date of Last Report: 01/25/1995

2. Principal Place of Business — 21: SAME AS ABOVE

2a. Mailing Address — 26:

22. Suite, Apt. #, etc.:

27. Suite, Apt. #, etc.:

23. City & State:

28. City & State:

24. Zip: 25. Country: 29. Zip: 30. Country:

4. FEI Number: 59-1223691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLM, KATHRYN
5670 W. CYPRESS ST.
SUITE C
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: NO CHANGE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ EXECUTIVE DIRECTOR HOLM, KATHRYN 5670 W. CYPRESS ST. SUITE C TAMPA FL 33607	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CHANGE OF TITLE ONLY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBD PEPPARD, JANE 1000 N. ASHLEY SUITE 700 TAMPA FL 33602	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	COBD Daniel M. Doyle 11201 Danka Circle N. St. Petersburg FL 33716	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCBD HUNTER, WILLIAM L 556 N. CLEARWATER.LARGO RD LARGO FL 34640	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VCBD~~ PRESIDENT WALLACE, WILLIAM P 1338 MONTICELLO BLVD, N. ST. PETERSBURG FL 33703	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Change of Title only	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CANTONIS, MARIA P 205 BAYVIEW DR BELLEAIR FL 34616	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Secretary Gayle F. Bertelstein 5110 W. Longfellow Ave. Tampa, FL. 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BALLARD, WILLIAM C 100 2ND AVE. SOUTH SUITE 701 ST. PETERSBURG FL 33731	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Treasurer Thomas A. Tollette 201 N. Franklin St #200 Tampa FL. 33602	☒ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Kathryn Holm Kathryn Holm (813) 286-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #