

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90079 024 ****70.00

DOCUMENT # 713571 1. Entity Name THE FLORIDA ORCHESTRA, INC.					
Principal Place of Business 101 SOUTH HOOVER BLVD SUITE 100 TAMPA, FL 33609 US			Mailing Address 101 SOUTH HOOVER BLVD SUITE 100 TAMPA, FL 33609 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1223691	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DEVER, CHRISTINE A 101 S HOOVER BLVD STE 101 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name MARIANNE MAS Street Address (P.O. Box Number is Not Acceptable) 101 S. HOOVER BLVD STE 101 City TAMPA FL Zip Code 33609		
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><i>Marianne Mas</i></u> COMPTROLLER <u><i>MARIANNE MAS</i></u> 3/15/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESS, DAVID P.O. BOX 14407 ST. PETERSBURG, FL 337334407	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STRENSKI, JAMES B 1200 GULF BLVD #1205 CLEARWATER, FL 33767	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, VICKI 1388 BRIGHTWATERS BLVD., N.E. ST. PETERSBURG, FL 33704	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, JAMES R. 4804 WINDHILL PALM TERRACE NE ST. PETERSBURG, FL 33703	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, RAYMOND 5301 W CYPRESS ST #307 SAINT PETERSBURG, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZER, SUSAN DR 461 SEVENTH AVE. S. ST. PETERSBURG, FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FISCHER, DAVID 1345 BRIGHTWATERS BLVD NE SAINT PETERSBURG, FL 33704	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHTER, MORTON N. 2509 SHELL POINT RD. TALIA, FL 33611	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARK, RICHARD P.O. BOX 172487 TAMPA, FL 33672	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ 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><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>Mar 15, 2005</i></u> Date Daytime Phone #		

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