2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 713571

1. Entity Name
THE FLORIDA ORCHESTRA, INC.

Principal Place of Business	Mailing Address
101 SOUTH HOOVER BLVD SUITE 100 TAMPA, FL 33609 US	101 SOUTH HOOVER BLVD SUITE 100 TAMPA, FL 33609 US

03182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

MAS, MARIANNE
101 S HOOVER BLVD.
SUITE 101
TAMPA, FL 33609

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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 _____
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, 2006

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

H00000476522
04/06/06-80014-017 70.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STRENSKI, JAMES B
STREET ADDRESS	1200 GULF BLVD. #1205
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	D
NAME	GILLESPIE, JAMES R
STREET ADDRESS	4804 WINDHILL PALM TERRACE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	D
NAME	MURRAY, RAYMOND
STREET ADDRESS	5301 W CYPRESS ST #307
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	S
NAME	BETZER, SUSAN DR
STREET ADDRESS	461 SEVENTH AVE. S.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	T
NAME	RICHTER, MORTON H
STREET ADDRESS	2509 SHELL POINT RD
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	PARK, RICHARD
STREET ADDRESS	P.O. BOX 172487
CITY-ST-ZIP	TAMPA, FL 33672

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/17/06 813 286-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #