

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.	
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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
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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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**DO NOT WRITE
IN THIS SPACE**

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**

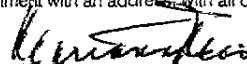
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11000000476522
04/06/06-80014-017 70.00

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

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06
Date

813 286-1170
Daytime Phone #