FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 71

713978

(5)

THE TAMPA ORATORIO SOCIETY, INC.

THE TAMER CHATCHIC SCOILTT, INC.											
Principal Place	e of Business	Mailing Address				1 100111 10 901 11		#11 616 11 419 11 619 11	J	B B 	
P.O. BOX 5124 Tampa FL 3367 US	5-5124	P.O. BOX 5124 TAMPA FL 33675-5124 US			3. Date Incorporat 01/19/19		3a. Date of 1	Last Re 2/199			
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number		1 0, 1		plied For	
21		26				59-62012	19	•		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of St	atus Desired	1 1 7 -	\$8.75 Additional Fee Required		
City & State	е	City & State				6. Election Campa				May Be	
23	Country	28	Cou	ntm:		Trust Fund Con			dded to		
Zip	Country 25	Zıp	30	ntry		This corporation Florida Statutes		intangible tax ui] Yes 🌃 No		199.032,	
24	9. Name and Address of Curi		30			10. Name and Add		-			
·	<u>.</u> ,			B1 Name				<u> </u>			
ecott	OAREST T					(5.0.5.11.1					
SCOTT, ROBERT T 7601 PINEHILL DRIVE TAMPA FL 33617			į	82 Street	Addres	ss (P.O. Box Number	is Not Acceptat	DI O)			
				B3		•••					
**********				84 City				85	Zip C	`nde	
									'		
office or r	to the provisions of Sections 617.0 registered agent, or both, in the Stam familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 617.0503, !	s authorizer Florida Stat	d by the corputes.	poratio	n's board of directors when reinstating)	s. I hereby accep	ot the appointment	ent as	registered	
Signature, typed or printed name of registered agent and title it applicable. (NOTI 12. OFFICERS AND DIRECTORS			13.	i Agent signature	yequireo	ADDITIONS/CHA	NGES TO OFFIC		CTOR	S IN 12	
TITLE	T DELETE			11 TITLE T					hange	X Addition	
NAME	BROWN, JOYCE			دنم ایسی		LEN, BETT	4				
STREET ADDRESS	4805 PRICE AVENUE		1.3 \$1	REET ADDRESS	17	735 DORM	MIN IED.				
CITY-ST-ZIP	TAMPA FL		1.4 CI	TY-ST-ZIP		MM FL.	33547				
TITLE	VD	DELETE 2.1		LE				C	hange	Addition	
NAME	BRYSON, RANDY			IM E							
STREET ADDRESS	2018 HIGHLAND AVE		2.3 \$1	REET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL		2.40	ITY-ST-ZIP						_	
TITLE	PD			TLE				□ 0	hange	Addition	
NAME	SELPH, FRANK JR		3 2 N	IME							
STREET ADDRESS	5107 RIVER BLVD.		3.3 \$1	REET ADDRESS							
CITY-ST-ZIP	TAMPA FL			ITY-ST-ZIP	ļ					T A MARKET	
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NAME			4.2 N								
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NAME			5.2 N								
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TITLE		— »	6.2 N					۰			
NAME	1 m - 4		•	reet address							
STREET ADDRESS											

14. I do 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 conporation or the receiver or rustee 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 abachment with an address.

CICALATURE.

FILED

Feb 11 1997 8:00am

Secretary of State