


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # 713978 1. Entity Name THE TAMPA ORATORIO SINGERS, INC.	
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Principal Place of Business P.O. BOX 5124 TAMPA, FL 33675-5124 US	Mailing Address P.O. BOX 5124 TAMPA, FL 33675-5124 US
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6201219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYSON, JAMES R
 4315 WORTHINGTON CR
 PALM HARBOR, FL 34685

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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]* (NOTE: Registered Agent signature required when reinstating) DATE: 4/2/07

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYSON, JAMES R 4315 WORTHINGTON CR PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUSBANDS, PATRICIA S 14044 13TH STREET DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARREN, KATHERINE J 13503 CLUBSIDE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/13/07-80032-011 61.25

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 817, 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]* DATE: 4/2/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR