2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713978

FILED Apr 30, 2009 Secretary of State

Entity Name: THE TAMPA ORATORIO SINGERS, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 5124 4315 WORTHINGTON CIRCLE TAMPA, FL 336755124 US PALM HARBOR, FL 34615 **Current Mailing Address: New Mailing Address:** P.O. BOX 5124 TAMPA, FL 336755124 US FEI Number: 59-6201219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRYSON, JAMES R 4315 WORTHINGTON CR US PALM HARBOR, FL 34685 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRYSON, JAMES R Name: Name: 4315 WORTHINGTON CR Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: Title: VD (X) Change () Addition () Delete HUSBANDS, PATRICIA S Name: Name: BURSAK, QUINN Address: 14044 13TH STREET Address: 16010 WYNDOVER RD City-St-Zip: DADE CITY, FL 33525 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change () Addition GARREN, KATHERINE J VERDEL, ELLEN Name: Name: 19205 MEADOW PINE DR Address: 13503 CLUBSIDE DR Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: CS () Change (X) Addition Name: Name: HARDEN, MARY LOU Address: Address: 902 W. HILLSBOROUGH City-St-Zip: City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. BRYSON PD 04/30/2009